



Association of Plastic Surgeons of West Bengal

Membership Application form

To
The Honorary Secretary
Association of Plastic Surgeons of West Bengal
Dear Sir/Madam,
I wish to join the Association of Plastic Surgeons of West Bengal as

- Life Member (Rs 5000/-)
- Associate Member (Rs 2000/- for 3 years)

1. Name in full :
2. Date of Birth:
3. Address for Correspondence:
4. Permanent Address:
5. Qualifications:
6. Current Designation:
7. Payment details with online reference number:
8. I agree to abide by the Rules and Regulations of the APSWB

Date:

Signature:

Proposed by: Dr.

Seconded by: Dr.

Please upload the following documents with your application:

1. Scanned copy of the Completed application form (along with signatures of Proposer and Seconder)
2. Self attested Copy of MCh/DNB/FRCS/equivalent (Plastic Surgery) degree certificate
3. Self attested Copy of the updated registration certificate of the concerned State Medical Council
 - a. Application for associate membership must be accompanied by a letter from the head of the department of plastic surgery/supervisor (preferably an existing member of the APSWB)
4. Evidence of online payment of requisite fee (Rs 5000 for Member and Rs 2000 for Associate Member) to APSWB account no. 005010100007579 in Axis Bank Shakespeare Sarani Kolkata 700071
5. Physical copy of the completed application form should be sent to the Honorary Secretary, APSWB.