



# ACADEMY OF HEALTH PROFESSIONS EDUCATORS, INDIA

## ANNOUNCEMENT

Dear All,

"Academy of Health Professions Educators" is a registered national non-governmental organization of like-minded health professionals who have keen interest in the development and advancement of Health Professions Education. The core purpose of this organization is to improve the standards and quality of health professions education in India at all levels – undergraduate, postgraduate and continuing professional development in alignment with the goals of SEARAME and WFME.

Membership will be granted upon application and payment membership dues. Please download and complete the attached form and submit. Life Membership fee is Rs.4000/-. The payment can be made by either a Demand Draft in favour of “**Academy of Health Professions Educators**” or by Wire Transfer as per the following details:

<b>Name of the Account</b>	: Academy of Health Professions Educators
<b>Name of Bank</b>	: State Bank of India
<b>Account No.</b>	: 35096522164
<b>IFSC Code</b>	: SBIN0001884
<b>MICR Code</b>	: 400002064

Please note that intimation should be sent by email to the *Treasurer* ([nimarege@gmail.com](mailto:nimarege@gmail.com)) with a copy marked to the *Secretary* ([ahpe.secretariat@gmail.com](mailto:ahpe.secretariat@gmail.com)) after making a wire transfer. Please provide your mobile number in the mail.

Demand Drafts may be sent to the Treasurer's Office:

**Dr. Nirmala Rege**  
Professor & Head,  
Department of Pharmacology & Therapeutics,  
Seth GS Medical College & KEM Hospital,  
Acharya Donde Marg,  
Parel, Mumbai 400 012.

Looking forward to your whole-hearted participation.

**Dr. Himanshu Pandya, President**

**Dr. Anshu, Secretary**



# ACADEMY OF HEALTH PROFESSIONS EDUCATORS, INDIA

## APPLICATION FORM FOR AHPE MEMBERSHIP

### Mailing address (Please type or print legibly)

**First Name:**

**Last Name:**

**Title:**

**Current Professional Position:**

**Date of birth:**

**Department:**

**Institution:**

**Street address:**

**City:**

**State / Province:**

**Area Code:**

**Country:**

**Telephone No:**

**Mobile Number :**

**Fax:**

**Email:**

- Membership is granted upon application and payment of Life membership.
- Membership is non-transferable.
- Life Membership fee is Rs.4000/-

### Payment Details

Payment by

**Demand draft:** No. \_\_\_\_\_ **Date:** \_\_\_\_\_ **Bank:** \_\_\_\_\_

**Wire transfer:**

**Your Bank & Branch:** \_\_\_\_\_ **Date of transfer** \_\_\_\_\_

**Transfer No. :** \_\_\_\_\_