

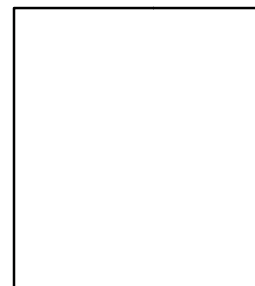


# AS Academy

## On line Tutorials

MEMBERSHIP APPLICATION FORM

Fill in Capital Letters



Affix recent photo

For ☐ Duty Doctor Tutorial ☐ Nursing Tutorial

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender \_\_\_\_ Nationality \_\_\_\_\_

Photo Identity [Passport/Adhar/Pan No.] \_\_\_\_\_

Year of Experience \_\_\_\_\_ Qualification \_\_\_\_\_

Designation \_\_\_\_\_

Name of the Institution \_\_\_\_\_

Documents in pdf or jpg format: ☐ Degree Certificate ☐ Photo ID

Mobile \_\_\_\_\_ Email ID \_\_\_\_\_

Tel (Res) \_\_\_\_\_ Office \_\_\_\_\_

Address for Correspondence

\_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_ Pin Code \_\_\_\_\_

If different from above,

Permanent address

\_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_ Pin Code \_\_\_\_\_