

APT ACADEMY OF PHYSICS TEACHERS, KERALA

APPLICATION FOR MEMBERSHIP

1. Name :
2. Designation : *Paste PP size*
3. Office Address : *Photo here*

4. Residential Address :

5. Phone: Res:..... Office:..... Mobile:.....

6. Email:..... skype id:.....

7. Qualifications :

<i>Degree</i>	<i>Institute / University</i>
M.Sc.	
M.Phil.	
Ph.D.	

8. Teaching and Research experience:

<i>Level</i>	<i>Total years as on 31-3-20__ __</i>	<i>Institution / University</i>
+2 / Pre-Degree		
Degree		
Post Graduate		
Research		

9. Research area and subject, if any :

10. Membership category : Life Membership (Rs.1000) / Annual Membership (Rs.100)

11. Name of the introducer :

12. Membership in any other
Physics related organisations :

13. Would you like to be a member of APT Resource team
for Physics education at various levels : Yes / No

If Yes, specify details below

Tutorial classes to school teachers / students	
Tutorial classes to Plus-Two teachers / students	
Seminars to BSc Degree students	
Seminars to MSc Post Graduate students	
Quiz competitions / Demonstrations etc	

Declaration

I shall abide by the rules and regulations of the Academy of Physics Teachers, Kerala

Place :

Date :

Name and Signature

For Office use only

Membership No :

Receipt No :

Membership expires on :

Signature (Office in charge)

Mode of Payment : Direct cash or D.D. in favour of Treasurer, Academy of Physics Teachers, SBI,
Kottayam or Remit to the SBI account of APT (SB A/c No. 10585371156)