

**MEMBERSHIP FORM**

Membership No. \_\_\_\_\_

**INDIAN ACADEMY OF PEDIATRICS, DELHI**Secretariat: 113-114, First Floor, Bank House (Punjab & Sind Bank Bldg)  
21, Rajendra Place, New Delhi 110 008Tel. 43306262, 25811029, email: [iapdelhi@rediffmail.com](mailto:iapdelhi@rediffmail.com), [iapdelhi2@gmail.com](mailto:iapdelhi2@gmail.com)

Name : .....  
(Surname) (First Name) (Middle Name)  
Designation : .....  
Date of Birth : ..... Sex ..... Nationality .....  
Address (Res.) : .....  
..... PIN .....  
Tel. No. ....  
Address (Office / Clinic) : .....  
..... PIN .....  
Tel. .... Mob. .... E-mail .....

Payment Details :	
Received Rs. ....	
by Cash / Cheque / D.D. ....	
No. ....	Date .....
Bank .....	
.....	
Receipt No. ....	Date .....
Gen. Secy / Treasurer	

Communication Address .....  
Alternative E-mail ID : .....  
Name branch you would like to join : **CENTRAL / EAST / WEST / NORTH / SOUTH**  
Whether member of Central I.A. P. If so. Membership No. ....

**QUALIFICATIONS**

Educational Qualification	Name of the University	Passing Year

Degrees Registration No. : ..... Authority .....

Name & Address of Proposer	Membership No. of Proposer	Signature

  

Name & Address of Seconder	Membership No. of Seconder	Signature

**Declaration :**

I, hereby declare that I have ever been arrested / Prosecuted and convicted by a criminal court or involved in any other case registered by the Police.

Place :

Date :

(Signature of applicant)

**Membership fee**

Life &amp; Life Associate : Rs. 1100/- (1000/- M/ship fee &amp; 100/- admission fee)

Ordinary membership fee: Rs. 300/- (M/fee Rs. 200/- Adm. fee Rs. 100/-)

DD/Local cheque may be drawn in favor of "Indian Academy of Pediatrics Delhi".

**Note : Please submit self attested photocopies of qualifications & registration certificate.**