



# Indian Academy of Pediatrics

## Chapter of Neuro Developmental Pediatrics

### Membership Application Form

(Please fill in capital letters; All Information Mandatory; PI do not leave any blank spaces)

1. Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

2. Date of Birth \_\_\_\_\_

3. Central IAP Membership Number ( For Pediatricians Only) : \_\_\_\_\_

4. Permanent address: .....

.....

.....

5. Office Address.....

.....

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6. Email:..... Landline Telephone:.....

7. Mobile Phone Number (1).....(2).....

8. Particulars of Present Work Status:

Private  Govt.  Medical College  Voluntary Agency

9.

Qualifications	Name of University	Year of Passing
MBBS		
MD Pediatrics		
DCH		
DNB Pediatrics		
Others		

10. Areas of Interest of Work \_\_\_\_\_

11. Membership Subscription:

- a) Life Membership for Central IAP Members – Rs 1000/-
- b) Life Associate Membership for Doctors other than Pediatricians – Rs 1000/-
- c) Life Affiliate Membership for All Other Professionals – Rs 1000/-

12. Demand Draft / Cheque to be drawn in favor of **“IAP Chapter of Neuro Developmental Pediatrics” payable at Ernakulam**

**Signature of the Applicant with date:**

**For Office Use Only**

**Membership No.....**

**Particulars of the receipt: Cheque / D.D No.....Bank.....**

**Amount.....Date.....**

**Send the filled application form to: Secretary, IAP Chapter of Neuro Developmental,  
Pediatrics; Dr Chhaya Sambharya Prasad  
Asha Child Development Clinic  
#5720, Duplex, Modern Housing Complex,  
Mani Majra, Chandigarh – 160101  
9356108559 [chhaya\\_sam@yahoo.co.in](mailto:chhaya_sam@yahoo.co.in)**