



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.....

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

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

8. 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 _____

P.T.O

11. Membership Subscription:

- a) Life Membership for Central IAP Members – Rs 1500
- b) Life Associate Membership for Doctors other than Pediatricians – Rs 1500
- c) Life Affiliate Membership for All Other Professionals – Rs 1500

12. On online transfer please e-mail the scanned form with transfer details
to cdgiap@gmail.com with cc to kawaljit000@gmail.com

NAME OF ACCOUNT – **IAP CHAPTER OF NEURO DEVELOPMENTAL PEDIATRICS**
PAYABLE AT ERNAKULAM
FEDERAL BANK LTD
ERNAKULAM / KATHRUKADAVU
ACCOUNT NUMBER **16860100040046**
IFSC CODE – **FDRL0001686**

Signature of the Applicant with date:

For Office Use Only Membership No.....

..... Particulars of the receipt: Cheque / D.D

No.....Bank.....

Amount.....Date.....