

Chapter of Neuro Developmental Pediatrics

Membership Application Form

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

	First Name: ip Number (For Pediatrician	Middle Name: s Only):
Office Address		
Email: Mobile Phone Number	Landli (1)Private Govt. Medical Colle	ne Telephone:(2)
Qualifications	Name of University	/ Year of Passing
MBBS		-
MD Pediatrics		
DCH		
DNB Pediatrics		
Othors	1	

Areas of Interest of Work

P.T.O

Membership Subscription: Life Membership for Central IAP Members–Rs1500 Life Associate Membership for Doctors other than Pediatricians–Rs1500 Life Affiliate Membership for All Other Professionals–Rs1500

On online transfer please e-mail the scanned form with transfer details to cdgiap@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:

Δmc	uunt Dat	Δ	
No	Bank		
	Particulars of the receipt: Cheque/D.D		
For Office Use Only Membership No			