

# INDIAN ACADEMY OF PEDIATRICS DELHI

Secretariat: 113-114 First Floor Punjab & Sind Bank Building, 21 Rajendra Place, New Delhi 110 008  
Ph: 011-45048966 Mob: 8447441560 Email: [iapdelhi2@gmail.com](mailto:iapdelhi2@gmail.com) Website: [www.iap-delhi.com](http://www.iap-delhi.com)

## MEMBERSHIP FORM

Name of the Applicant: .....  
(Surname) (First Name) (Middle Name)

Designation: .....

Date of Birth: ..... Sex: Male / Female (please tick)

Postal Address for Communications:

.....
.....
.....
..... Pin Code: .....

Phone numbers- Residence: ..... Office: ..... Mobile: .....

Email Id: .....

Name of Zonal Branch you would like to join (Central/East/West/North/South): .....

Whether Central IAP member, if so Membership No: .....

Educational Qualification	Name of the University	Qualifying Year
1.		
2.		
3.		
4.		

Medical Council Registration No: \_\_\_\_\_ registering authority (e.g. MCI or State Medical Council): \_\_\_\_\_

Name & address of the Proposer: .....

Membership No. of the Proposer: ..... Signature.....

Name & address of the Seconder: .....

Membership No. of the Seconder: ..... Signature.....

**Declaration:** I hereby declare that I have never been arrested/prosecuted and convicted by a criminal court or involved in any case registered by the police.

Place & Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of the Applicant)

Membership Category	Membership Fee	Admission Fee	Total Amount Payable
Life	Rs.2000/-	Rs.100/-	Rs.2100/-
Associate Life	Rs.2000/-	Rs.100/-	Rs.2100/-

Cash/Local Cheque/may be drawn in favor of "Indian Academy of Pediatrics Delhi" payable at New Delhi.

### For office use only

Payment Details Received Rs: ..... Rupees: .....

by Cash/Local Cheque/DD No: ..... date: ..... Bank: .....

Receipt No: ..... date: .....

**General Secretary/Treasurer:** .....

**Note: Please submit self attested photocopies of qualification & registration certificate & one passport size photograph.**