



INDIAN ACADEMY OF PEDIATRICS, PUNE

Application Form for Membership

Date :

NAME :

First Name

Middle Name

Last Name

Age :

Sex :

Date of Birth :

Qualifications :

MMC Registration No. :

Central IAP No:

Address for mailing :

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Tel. :

Mobile :

Consulting Room / Hospital :

Address :

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Tel. No. :

Fax :

E-mail :

Timing :

Medical / Pediatric Qualification	Name of the University	Qualifying Year
1.		
2.		
3.		
4.		
5.		

Academic Achievements :

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Hobbies & Interest :

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Spouse :

Children :

Type of Membership : **YEARLY / LIFE**

Sir,

Please accept my application for membership of IAP, Pune

Date :

Signature :

Proposed by :

Signature :

I am enclosing herewith photo copies of the following documents with this application:

- 1) Photo copies of the M.B.B.S. & Post Graduation Certificates as (as per degrees listed in your application).
- 2) Photo copies of the degrees registration certificates with **State Medical Council** **OR** **Medical Council of India** (as the case may be).
- 3) Certificate from the HOD stating that the applicant is a bonafide student of his/her Medical College (if the application is for "Student" Membership).

*** Yearly Fee Rs. 1000/- & Life Membership Fee Rs. 5000/-**

* The Membership Fee should be in the favour of "INDIAN ACADEMY OF PEDIATRICS, Pune" payable at Pune

Address: **Dr. Sanjay Natu**, Secretary,

Flat No. 20, Sarthak Terrace, Plot No. 1, S. No. 18, Kothrud, Pune - 411 029.

E mail: sanjaynatu@gmail.com, iappune@gmail.com