

INDIAN ACADEMY OF PEDIATRICS MUMBAI

92/4 GEETA BLD DR BABASAHEB AMBEDKAR ROAD SION CIRCLE SION (E) MUM 400 022

IAP MUMBAI MEMBERSHIP FORM

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

Date of Birth: Sex:

Communication Address:

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State: Nationality:

Telephones (ISD CODE) (CITY CODE)

Resi: Off: FAX:

Mobile: Email ID:

Medical / Pediatric Qualification	Name of the University	Qualifying Year

Are you a member of Central IAP?

If yes what is the status.

Degrees Registration No. & Registering Authority (e.g. MCI or State Medical Council):

Name & Membership No. & Signature of the Proposer :

Name & Membership No. & Signature of the Seconder :

Place:

Date :

(Signature of the Applicant)

Membership Fee

The Membership Fee Structure is as follows:

Category of Membership	Admission Fee	Membership Fee	Total Amount Payable
Student	Rs.200/- (payable at the time of admission)	Rs.500/- (Total payable Rs.700/- at the time of admission i.e. 50% of the current life membership amount and admission fee) and balance Rs.500/- on or before completion of 4 years of Student Membership)	Rs.1200/-
Life	Rs.200/-	Rs.1000/-	Rs.1200/-

The Membership Fee should be paid by a crossed bank draft drawn in favour of “**INDIAN ACADEMY OF PEDIATRICS MUMBAI**” payable at Mumbai.