



APPLICATION FORM FOR LIFE MEMBERSHIP



**IAP – Infectious Diseases Chapter**

1. Name \_\_\_\_\_
2. Sex : Male / Female \_\_\_\_\_ 3. IAP Membership No. \_\_\_\_\_
4. Present status & designation \_\_\_\_\_
- \_\_\_\_\_
5. Permanent Address \_\_\_\_\_
- \_\_\_\_\_
6. Corresponding Address \_\_\_\_\_
- \_\_\_\_\_
7. Email \_\_\_\_\_
8. Telephone No. Office /Chamber \_\_\_\_\_ Mobile \_\_\_\_\_
9. Date of Birth \_\_\_\_\_ 10. Nationality \_\_\_\_\_

11. QUALIFICATION

Medical/Pediatric Qualification	Name of University	Qualifying Year
a. M.B.B.S		
b. D.C.H./D. Ped/DNB		
c. M.D. (Ped)		
d. Others		

\_\_\_\_\_  
Signature

**Life Membership fee : Rs.2000/-**

Membership fee must be in Demand Draft in favor of : “**IAP-INFECTIOUS DISEASES CHAPTER**” payable at **Kolkata. Please send DD/Cheque in Kolkata Address**

\_\_\_\_\_ : **For correspondence :** \_\_\_\_\_

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