



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 : _____

IAP ID Chapter Office
C/o. Mr.Somnath Mukherjee
Oriental Apartment
Flat – H1, 15C Canal Street,
Kolkata – 700 014
Ph :- 2265-4072
Mo.09830367422

Dr Sanjay Ghorpade
Hony. Secretary
NIRAMAY HOSPITAL & RESEARCH
CENTRE, PLOT # 22
CTS # 523A/1/19 SADAR BAZAR
OPP JILLA PARISHAD, SATARA – 415001
Mobile : 9822057577,
Email : drghorpadesanjay@gmail.com