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 **Website:** www.iap-delhi.org

MEMBERSHIP FORM

Name of the Applicant: ……
(USE ONLY CAPITAL LETTER) (FIRST NAME) (MIDDLE NAME) (LAST NAME)

Designation: ……

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

Postal Address for Communications:-

……..
……..
…… Pin Code: ……..

Email Id: …… Mobile (Whatsapp) number: ……..…….

Name allotted for **City Branch** (Central/East/North/South/West) as per Central IAP records: …….

Central IAP Membership No: ……

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

Medical Council Registration No: …… registering authority (e.g. **MCI or State Medical Council**): ……

Place of Work: ……

Special Interest: ……..

Declaration: I hereby declare that all the information given above is true to the best of my knowledge and belief. 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)**

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