

MEMBERSHIP FORM - ACADEMY OF PEDIATRIC NEUROLOGY

NAME OF THE APPLICANT _____

IAP MEMBERSHIP NUMBER _____

DATE OF BIRTH _____

POSTAL ADDRESS _____

NATIONALITY _____

TELEPHONE (ISD CODE) _____ RESI _____ OFF _____

MOBILE _____ FAX _____ EMAIL _____

REGISTRATION NUMBER _____ REGISTERING AUTHORITY _____

NAME & SIGNATURE OF PROPOSER WITH IAP MEMBERSHIP

NAME & SIGNATURE OF SECONDER WITH IAP MEMBERSHIP

PLACE:-

DATE:-

SIGNATURE OF APPLICANTS

LIFEMEMBERSHIP FEES RS 2000/- IN FAVOUR OF “**ACADEMY OF PEDIATRIC NEUROLOGY**” PAYABLE AT RAIPUR, ADD RS 25/- FOR OUT STATION CHEQUES.
SECRETARIAT- Dr. Sanjeev Joshi, Chirayu Critical Care Centre & Joshi Bal Rugnalaya, Datey College Road, Yavatmal (Maharashtra) 445001, Mobile : 98225 02583, Email : sanjeevj0407@gmail.com

Bank Details - A/C Name - **Academy Of Pediatric Neurology**

Bank Name - **Punjab National Bank**

A/c Number – **19602413000139**

IFSC Code - **PUNB0196010** MICR code - **492024033**

Branch - Plot No 21/987, Vrindawan, Civil Lines, Raipur (Chhattisgarh) 492001
