

MEMBERSHIP FORM-NEUROLOGY CHAPTER OF IAP

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 1000/- IN FAVOUR OF "NEUROLOGY CHAPTER OF IAP" PAYABLE AT RAIPUR, ONLY DRAFT AND CASH IS ACCEPTABLE..
SECRETARIAT- DR ANOOP VERMA, SWAPNIL NURSING HOME, CIVIL LINES
RAIPUR, CH, 492001. 0771-2424111, 098261-42411, anoopve@yahoo.com.
