

## IAP Neonatology Chapter Life membership Application Form

Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone nos: \_\_\_\_\_ cell no: \_\_\_\_\_

E-mail id \_\_\_\_\_

Central IAP membership no: \_\_\_\_\_

Current Professional affiliation: \_\_\_\_\_

Past Professional affiliation: \_\_\_\_\_

Membership fee paid by Electronic / Transaction no \_\_\_\_\_ dated \_\_\_\_\_

drawn on \_\_\_\_\_ bank.

Membership Fees Rs. -1000/ only

Payments accepted only by (Electronic/Bank/NEFT/RTGS ) in favor of

"Neonatology Chapter of Academy of Pediatrics" payable at Aurangabad (MS)