

INDIAN ACADEMY OF PEDIATRICS

Kailas Darshan, Kennedy Bridge (Nana Chowk), Mumbai-400007

IAP MEMBERSHIP APPLICATION FORM

Name of the Applicant:
(Surname) (First Name) (Middle Name)

Date of Birth: Sex: Male / Female

Complete Postal Address for Communications from IAP Office:

.....

State: Nationality:

Telephones (ISD CODE) (CITY CODE)

Residence: Office: Mobile:

Email Id:

Medical / Pediatric Qualification	Name of the University	Qualifying Year
1.		
2.		
3.		
4.		
5.		

Degrees, registration no. & registering authority (e.g. **MCI or State Medical Council**):

Name, and IAP membership no. of the Proposer:

..... Signature.....

Name, and IAP membership no. of the Seconder:

..... Signature.....

Place: _____

Date: _____

(Signature of the Applicant)

Payment Details: Membership fee of Rs..... paid by cash / cheque / bank draft no.....

dated drawn on (bank)..... in the name of "Indian Academy of Pediatrics"

OR payment made on IAP Website, the online payment reference number being

I am enclosing herewith photo copies of the following documents with this application:

- 1) Photo copies of the M.B.B.S. & Post Graduation Certificates as (as per degrees listed in your application).
- 2) Photo copies of the degrees registration certificates with **State Medical Council** **OR** **Medical Council of India** (as the case may be).
- 3) Certificate from the HOD stating that the applicant is a bonafide student of his/her Medical College (if the application is for "Student" Membership).

**IAP IDENTITY CARD
(FOR LIFE & ASSOCIATE LIFE MEMBERS ONLY)**

Those who are interested in “IAP Identity Card” may fill-up the format given below and mail it to the Central IAP Office along with a remittance of Rs.100/- to be paid by a crossed DEMAND DRAFT ONLY drawn in favour of “Indian Academy of Pediatrics” payable at Mumbai and your stamp size photograph (3x2.5 cms). Please note that the Identity Cards are issued only to “Life and Associate Life” members of the IAP.

<p>FORMAT FOR IAP IDENTITY CARD</p> <p>NAME:.....</p> <p>ADDRESS.....</p> <p>.....</p> <p>.....</p> <p>IAP MEMBERSHIP NO.....</p> <p>Telephone (Off) (Res)</p> <p>Mobile: Email</p> <p>Date of Birth</p> <p>Blood Group</p> <p>Allergies?</p> <p>Emergency Medications?</p> <p>.....</p> <p>Doctor's Name & Cell No.</p>

MEMBERSHIP PRIVILEGES

The Society provides –

- Facilities to Students, Scholars and Institutions for the study of or Research in Pediatrics in any of its aspects by way of scholarships, fellowships, grants, endowments, etc.
- Either through itself or in cooperation with other bodies or persons fellowships, prizes, certificates, diplomas of proficiency in the science of Pediatrics and conduct such tests, examinations or other scrutiny as may be prescribed from time to time.
- Free of cost or at subsidized cost its official journals, books, periodicals or publications on pediatrics and allied subjects which the society thinks is desirable for the promotion of its objects.
- Opportunity to its member to participate in Conferences, Lectures, Meetings, Seminars, Symposia, Workshops, Continuing Medical Education Programs, etc.
- Opportunity to become members of its Branches / Subspecialty Chapters / Groups / Cells / Committees.

Affiliations / Collaboration –

The Society is affiliated to International Pediatric Association (IPA), International Society of Tropical Pediatrics (ISTP), American Academy of Pediatrics (AAP), Asian Pacific Pediatric Association (APPA), Asian Society for Pediatric Infectious Disease (ASPID), Pediatric Association of SAARC (PAS), Royal College of Pediatrics and Child Health (RCPCH)

Categories of Membership –

(1) **Student Member:** Applicant who has passed M.B.B.S. and doing Post Graduation can enroll himself/herself at 50% of the prevailing rate of life membership at the time of admission and pay the balance 50% within 4 years or earlier. On making full payment, he/she will be entitled to change the “Student” Membership category to either “Associate Life” or “Life” depending on the graduation / post graduation status.

(2) **Associate OR Associate Life Member:** Applicant who has passed M.B.B.S. only, have an option to become Annual Member i.e. “Associate” Member (renewable every year) OR “Associate Life” Member by paying life membership amount in one lump sum.

(3) **Ordinary OR Life Member:** Applicant holding M.B.B.S. and Post Graduation (such as D.C.H., M.D. (Ped), D.N.B. (Ped) or any other degree recognized by the Executive Board of IAP as equivalent) are eligible to be “Ordinary” Member (renewable every year) OR “Life” Member by paying life membership amount in one lump sum.

How to Apply for Membership –

Application should be made in the prescribed form. Along with the application for membership of IAP, photo copies of the following documents should be submitted -

- 1) Photo copies of the M.B.B.S. & Post Graduation Certificates as (as per degrees listed in your application).
- 2) Photo copies of the degrees registration certificates with **State Medical Council OR Medical Council of India** (as the case may be).
- 3) Certificate from the HOD stating that the applicant is a bonafide student of his/her Medical College (if the application is for “Student” Membership).

Membership Fee –

The Membership Fee Structure is as follows:

Category of Membership	Admission Fee	Membership Fee	Total Amount Payable
Student	Rs.500/- (payable at the time of admission)	Rs.5000/- (Total payable Rs.5500/- at the time of admission i.e. 50% of the current life membership amount and admission fee) and balance Rs.4500/- on or before completion of 4 years of Student Membership).	Rs.10,000/-
Associate	Rs.500/-	Rs. 1000/-	Rs.1,500/-
Associate Life	Rs.500/-	Rs.9500/-	Rs.10,000/-
Ordinary	Rs.500/-	Rs. 1000/-	Rs.1,500/-
Life	Rs.500/-	Rs.9500/-	Rs.10,000/-

The Membership Fee should be paid by a crossed bank draft drawn in favor of “**INDIAN ACADEMY OF PEDIATRICS**” payable at Mumbai. Add Rs 100/-, if IAP Photo Identity Card is desired. Alternatively, you may wire transfer the amount. Our banking details are as follows:

Name of the Bank	Bank of Baroda
Name of the Branch	Opera House Branch
Branch Address	Modi Chambers, Opp..Royal Opera House Theatre, Pandit Paluskar Chowk, Opera House, Mumbai – 400 004, Email:operah@bankofbaroda.com, Phone: 23888748, Fax:23889258
Name of the A/c or Beneficiaries Name	Indian Academy of Pediatrics
Account number	04090100001666
Type of A/c	Saving Account
MICR No	400012052
RTGS/NEFT IFSC CODE	BARB00PERAH
Beneficiaries full Address:	Indian Academy of Pediatrics, Kailas Darshan, Kennedy Bridge (Nana Chowk), Mumbai – 400 007

Online payment facility is also available on IAP Website. Kindly visit: www.iapindia.org, go to the link, Online payment, you will visit the membership application page of eventavenues (online payment service provider), follow the instructions to pay online with your credit card, debit card or cash card.