



APPLICATION FORM FOR LIFE MEMBERSHIP



IAP – Infectious Diseases Chapter

1. Name _____
2. Sex : Male / Female _____
3. IAP Membership No. _____
4. Present status & designation _____

5. Permanent Address _____

6. Corresponding Address _____

7. Email _____
8. Telephone No. Office /Chamber _____ Residence _____
9. Date of Birth _____ 10. Nationality _____

11. QUALIFICATION

Medical/Pediatric Qualification	Name of University	Qualifying Year
a. M.B.B.S		
b. D.C.H./D. Ped		
c. M.D. (Ped)		
d. Others		

Signature

Life Membership fee : Rs.1500/-

Membership fee must be in Demand Draft in favor of : “**IAP-INFECTIOUS DISEASES CHAPTER**” payable at **Kolkata**.

: **For correspondence** : _____

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Kolkata – 700 014
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