

INDIAN ACADEMY OR PEDIATRICS UP STATE BRANCH

MEMBERSHIP FORM

Sr. No.

FILL IN BLOCK LETTER

NAME :

FIRST

MIDDLE

--	--	--	--

LAST NAME

--	--	--	--

S/O

--	--	--	--

R/O

--	--	--	--

DOB

--	--	--	--	--	--

Contact Details :

Address (Resi.) _____

Address (Clinic) _____

Mob. No.

--	--	--	--	--	--

Landline No.

--	--	--	--	--	--

E-mail ID

--	--	--	--

CIAP Membership No. Yes

No

If yes membership No. _____

N.N.F. Membership No. Yes

No

If yes membership No. _____

I.M.A. Membership No. Yes

No

If yes membership No. _____

MBBS Passed Year _____

College _____

University _____

Post Graduation Qualification:- DCH MD PGDMCH DM DNB

Passed Year _____

College _____

University _____

For Post Graduate Students

Name of Institution _____

Course Perusing : MD/DCH/DNB _____

Date of Joining : _____

Estimated Date of Completion _____

Signature of HOD _____

Current Designation _____

Faculty/ Speciality _____

Government _____

Private Practitioner _____

Other Details _____

Life Membership Fee Rs. 3500/-,

Student Membership Rs. 2000/- Only

*****Kindly send self attested photocopy of above certificates (Degree of MBBS/MD/DCH) along with ADHAR card.*****

Bank Details

“ACADEMY OF PEDIATRICS UTTAR PRADESH”

AXIS BANK, FOOTBALL CHOWK, MEERUT, UP Pin Code : 250001

A/C No:- 916010083448147

IFSC CODE – UTIB0002931

Kindly send receipt of transaction by mail to **“officeupiap@gmail.com”**

Date

Signature

Place

(Full Name)

Please mail the completed form to :

Dr. Om Shankar Chaurasiya

Honorary Secretary General, UP IAP

Type – 4/5, Medical College Campus,

MLB Medical College, Jhansi – 284128

E-mail : officeupiap@gmail.com, chaurasiyaom@gmail.com

Mob – 09532376316, 07007091949

For Official Use

Academy of Pediatrics UP Membership No

PG Student / Private Practitioner / Teaching Consultant Medical College / UP Govt Health Services.