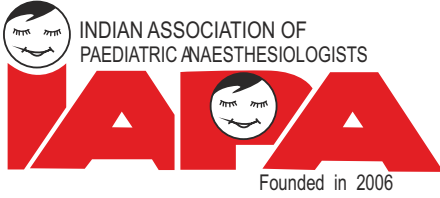


# Membership Application Form



PHOTO

Full Name (In Block Letters) : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Gender : Male  Female

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

City : \_\_\_\_\_ Pincode : \_\_\_\_\_ State : \_\_\_\_\_

## Contact Details

Phone(Residence) : \_\_\_\_\_ Phone(office) : \_\_\_\_\_

Mobile : \_\_\_\_\_ Email : \_\_\_\_\_

Name of the Institute : \_\_\_\_\_ Designation : \_\_\_\_\_

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

Areas of Interest in Paediatric Anaesthesia : \_\_\_\_\_

## Membership Details

Life Membership : Rs.5000/- (Rupees Five Thousand Only)

Associate Membership (Non Anaesthesiologists) : Rs.3000/- (Rupees Three Thousand Only)

## Mode of Payment

Cheque - No. \_\_\_\_\_  DD - No. \_\_\_\_\_  Cash \_\_\_\_\_

(Outstation cheques are not accepted)

Cheque / DD to be drawn in favour of "INDIAN ASSOCIATION OF PAEDIATRIC ANAESTHESIOLOGISTS"

IAPA Secretariat

Dr. Vibhavari Naik, Dr. M. Subrahmanyam.

72, Nagariuna Hills, Panjagutta, Hyderabad, 500082, Telangana

Contact : +91 9246587379 (Mr. Veeru) iapaindia.com@gmail.com