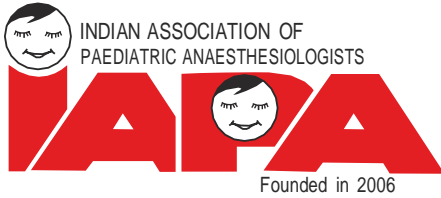


Membership Application Form



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.8000/- (Rupees Eight Thousand Only)
(Discount for IAPA activities & 2 yrs of PA journal Subscription.)

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. Aavula Muralidhar.

20-36, Old Venkatapuram, Trimulgherry post, Secunderabad, 500015, Telangana.

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