

IAP Neonatology Chapter Life membership Application Form

Name: _____

Sex: _____ Date of birth: _____

Address: _____

Telephone nos: _____ cell no: _____

E-mail id _____

Central IAP membership no: _____

Current Professional affiliation: _____

Past Professional affiliation: _____

Membership fee paid by Electronic / Transaction no _____ dated _____

drawn on _____ bank.

Membership Fees Rs. - 2000/ Only

Payments accepted only by (Electronic/Bank/NEFT/RTGS) in favor of

"Neonatology Chapter of Academy of Pediatrics" payable at Aurangabad (MS)