

MEMBERSHIP FORM-NEUROLOGY CHAPTER OF IAP

NAME OF THE APPLICANT_____

IAP MEMBERSHIP NUMBER_____

DATE OF BIRTH_____

POSTAL ADDRESS_____

NATIONALITY_____

TELEPHONE (ISD CODE)_____RESI_____OFF_____

MOBILE_____FAX_____EMAIL_____

REGISTRATION NUMBER_____REGISTERING AUTHORITY_____

NAME & SIGNATURE OF PROPOSER WITH IAP MEMBERSHIP

NAME & SIGNATURE OF SECONDER WITH IAP MEMBERSHIP

PLACE:-

DATE:-

SIGNATURE OF APPLICANTS

LIFEMEMBERSHIP FEES RS 2000/- IN FAVOUR OF “NEUROLOGY CHAPTER OF IAP” PAYABLE AT RAIPUR, ADD RS 25/- FOR OUT STATION CHEQUES.

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