# Membership Application Form

Affix Photo

Please fill up the form in typed CAPITAL LETTERS in English only.

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Address:
   1. Permanent Residential Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Landline: (+ ) ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Landline: (+ ) ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Qualifications: (Please attach self attested photocopy of your qualification certificates)

|  |  |  |  |
| --- | --- | --- | --- |
| S.No. | Examination Passed | Year of Passing | Institution |
| 1. | MBBS |  |  |
| 2. | PG Diploma |  |  |
| 3. | PG Degree |  |  |
| 4. | Any other |  |  |

1. Registration details with Medical Council of India / State Medical Council:

No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Council: \_\_\_\_\_\_\_\_\_\_\_\_

Registration Number of Rehabilitation Council of India (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration with Regulatory Authority of Medical Practice in the Country of Work

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Appointments& Positions held in the field of Medical Rehabilitation:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.No | Post held | Institution | From | To |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Special Areas of Interest & Specialization (mention any three in order of priority)

a. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Miscellaneous information (if any)
3. Declaration:(\*Strike out what is not applicable)

I Dr \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify that the statements filled by me in this application form are correct to the best of my knowledge. I agree to abide by the rules and by-laws of the IAPMR which have been read by me. It is hereby requested that my name may kindly be registered as **Life Member (LM)/ Associate Life Member (ALM)/ PGT Member/ Overseas Member/ Honorary Member\*** of the IAPMR. I am enclosing the requisite fee for membership as per details below.

My membership is hereby proposed by Dr \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LM No. \_\_\_\_\_ of address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as endorsed under:.

Signature of the Proposer Signature of the Applicant

(seal) (seal)

Dated:-

1. Documentation: (Please attach self attested copies of Qualification, Registration certificates and ID Proof): Yes / No
2. Family Details

|  |  |  |
| --- | --- | --- |
| Spouse Name |  | Marriage Anniversary: |
| Children Names | 1.  2.  3. | Dates of Birth |

1. Details of Payment:

Payment mode: A/C Payee cheque / Demand Draft / Bank Transfer

Instrument / Reference No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dated: \_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drawn on Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please make payment in favour of ‘I A OF PMR’** (Savings A/c No. 10874591527, State Bank of India, Ansari Nagar, New Delhi. IFSC Code: SBIN0001536)

Membership Fee: *(Fee subject to change as per prevailing rates at the time of submission of form: updated as of 01/04/2014)*

Life Member: Rs 6500/- (Six Thousand Five Hundred Only) Associate Life Member: Rs 5000/- (Five Thousand Only)

PGT Member: Rs 3000/- (Three Thousand Only) Overseas Member: US$ 300/- (USD Three Hundred Only)

**Please send the completed application form by REGISTERED POST to:**

Dr Srikumar V,

Treasurer, IAPMR,

Room No 19, Department of PMR

AIIMS, New Delhi 110029, India