

Membership Form No. _____



**INDRAPRASTHA ASSOCIATION
OF
REHABILITATION MEDICINE**
Registration No. S-57491

(Delhi Chapter of IAPMR)

Affix Photo

Note: Please fill up the form in English CAPITAL LETTERS only.

1. **Name:** _____

2. **Address:** _____

Phone No. with STD Code: _____ Mobile _____

Email: _____ Preferred Mode of communication: Yes/No

3. **Permanent Address:** _____

Phone No. with STD Code: _____

4. **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		

5. **Registration Number of Medical Council of India/ State Medical Council**

6. **PAN No.** _____

7. **ID No. with Address Proof: (Aadhaar Card/ Driving License/ Passport)**_____

8. **Present Post & Positions held in the field of Medical Rehabilitation:**

S. No.	Post held	Institution	From	To

9. **Areas of Professional Interest & Specialization (mention any two in order of priority)**

(a) _____

(b) _____

10. **Date of Birth:** _____

11. **Miscellaneous information (if any)** _____

12. **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 have my email address added to the egroup of IPARM and to abide by the rules and by-laws of the IPARM. It is hereby requested that my name may kindly be registered as **Life Member/ Associate Life Member / PGT Member / Overseas Member*** of IPARM. My name for membership is hereby proposed by Dr.....of _____ address.....
.....with Life Member No.....of IPARM.

Signature of the Proposer
(seal)

Signature of the Applicant
(seal)

Dated:-

13. **Family Details**

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

14. **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 'Indraprastha Association of Rehabilitation Medicine'
(Punjab National Bank, G-11, South Extension Part 1, New Delhi.
A/c No.: 3976000100067179, IFSC Code: PUNB0014410)

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. 2500/- (Rupees Two Thousand Five Hundred only)

Associate Life Member: Rs. 2000/- (Rupees Two Thousand only)

PGT Member: Rs. 1500/- (Rupees One Thousand Five Hundred only)

Overseas Member: US\$ 100

Address for Communication: (Please send the completed application form along with copy of Id Proof mentioned above by **COURIER/REGISTERED POST** to:)

Dr Harleen Uppal,
Treasurer IPARM

Flat no 222, Shriniketan Apartments, Plot No 1, Sector 7, Dwarka, New Delhi 110075

For office use: Remarks of the Membership Committee: Approved/ not approved / clarification

Receipt No. _____ dated: _____ Approved on: _____ (During GBM at _____ Annual Conference)