



Indian Association of Pediatric Surgeons

(Registered under Societies Registrations Act - Regn. No. S.34748 /99)

www.iapsonline.org

www.jiaps.com

Application Form for MEMBERSHIP

(Please tick the appropriate in the box)

1. Name :	_____					
	First Name	Middle Name	Surname			
2. Date of Birth :	_____					
3. Qualifications :	_____					
<i>(please mention year of passing along with the degrees)</i>	_____					
	Degree	Year of Passing	College / Institution			
	M.B.B.S	<input type="checkbox"/>	_____			
	M.S	<input type="checkbox"/>	_____			
	M.Ch	<input type="checkbox"/>	_____			
	D.N.B	<input type="checkbox"/>	_____			
	Any other:	_____	_____			
4. Address for Communication :	_____					
	_____		City : _____			
	State : _____	Pincode : _____				
5. Permanent Address :	_____					
<i>(If different from the above)</i>	_____					
	_____		City : _____			
	State : _____	Pincode : _____				
6. Academic Position <i>(as on 2013)</i>	_____					
Designation :	_____					
Institute :	_____					
Since :	_____					
Previous Appointment :	_____					
7. I prefer my communication to :	Address for Communication	<input type="checkbox"/>	Permanent Address <input type="checkbox"/>			
8. Contact Details :	Res. Ph : _____	Off. Ph : _____				
	Mobile : _____	_____				
	Email ID : _____	_____				
9. Awards & Honors if any :	_____					
10. Membership to :	State Chapter	<input type="checkbox"/>	Sections <input type="checkbox"/>	Any other <input type="checkbox"/>		
<i>Name of the State Chapter</i> :	_____					
<i>Section</i> :	P.E.S.I – IAPS	<input type="checkbox"/>	P.U.C – IAPS	<input type="checkbox"/>	Pediatric Oncology	<input type="checkbox"/>
	Basic Research	<input type="checkbox"/>	C.O.P.S	<input type="checkbox"/>	Pediatric Thoracic	<input type="checkbox"/>
11. Membership to other Associations :	_____					
Date: _____	<u>Signature of the Applicant</u> _____					

Affix your
Recent
Passport size
Photograph

RECOMMENDED BY

Signature : _____
Name : _____
IAPS No. : _____

Signature : _____
Name : _____
IAPS No. : _____

Note: Life membership subscription Rs.8000/- plus processing fees Rs 500/-. Draft in favour of INDIAN ASSOCIATION OF PEDIATRIC SURGEONS. Payable at Chennai. Please add Rs 50/- if sending crossed outstation cheques. Please send completed Application to Dr. Prakash Agarwal, F3, H block, Jains Avantika Apartments, Manapakkam, Chennai-600125. Mobile: 9840114749. E mail: agarwal_prakash@hotmail.com. FOR OVERSEAS MEMBERS FEES IS: \$300 + \$20 for processing charges. NEFT Transfers can be made to: A/C Name: Indian Association of Pediatric Surgeons. A/C No: 90682160000136.SYNDICATE BANK. Porur Branch. Thiruvallur -600116. IFSC Code: SYNB 0006109.