



# Application form for LIFE MEMBERSHIP IAP Infectious Diseases Chapter

1. Name .....
2. Sex ..... 3. CIAP Membership No. ....
4. Present designation .....
- .....
6. Corresponding Address .....
- .....
- .....
- .....
7. Email : .....
8. Mobile No..... Whatsapp No.....

## 9. Qualifications

10. Medial/Pediatric Qualifications	Name of the University	Qualifying year
(a) MBBS		
(b) DCH		
(c) MD (Ped)/DNB		
(d) Others		

Signature

**Life Membership Fee Rs.2000/-**  
Cheque/Demad Draft in favor of  
“IAP Infectious Diseases Chapter”

*For Correspondences :*  
**IAP Infectious Diseases Chapter**  
C/o Somnath Mukherjee  
“Oriental Apartments” 15C, Canal Street. Flat H1  
Kolkata 700 014. Phone : 9830367422  
Email : iapidchapter@gmail.com

### For Online Membership

Account : IAP Infectious Diseases Chapter  
Bank : Central Bank of India  
Branch : Dharmatala  
A/c No. : 1050741044      A/c Type : Savings  
IFSC Code : CBIN0280095

**Please send amount transfer details along with filled up membership form through email to :  
iapidchapter@gmail.com**