

INDIAN ACADEMY OF PEDIATRICS

Kailas Darshan, Kennedy Bridge (Nana Chowk), Mumbai-400007

IAP MEMBERSHIP APPLICATION FORM

Name of the Applicant:
(Surname) (First Name) (Middle Name)

Date of Birth: Sex: Male / Female

Complete Postal Address for Communications from IAP Office:

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.....
.....

State: Nationality:

Telephones (ISD CODE) (CITY CODE)

Residence: Office:

FAX: Mobile:

Email:

Medical / Pediatric Qualification	Name of the University	Qualifying Year
1.		
2.		
3.		
4.		
5.		

Degrees, registration no. & registering authority (e.g. MCI or State Medical Council):

.....

Name, and IAP membership no. of the Proposer:

..... Signature.....

Name, and IAP membership no. of the Seconder:

..... Signature.....

Place: _____

Date: _____

(Signature of the Applicant) (Use black ink pen)

I am enclosing herewith photo copies of the following documents with this application:

- 1) Photo copies of the M.B.B.S. & Post Graduation Certificates as (as per degrees listed in your application).
- 2) Photo copies of the degrees registration certificates with **State Medical Council OR Medical Council of India** (as the case may be).
- 3) Certificate from the HOD stating that the applicant is a bonafide student of his/her Medical College (if the application is for “Student” Membership).

Please provide following information for IAP Photo Identity Card. Please attach a stamp size photograph (3x2.5 cms) with this application.

Doctor’s Name & Cell No Blood Group.....

Allergies..... Emergency Medications.....

MEMBERSHIP PRIVILEGES

The Society provides –

- Facilities to Students, Scholars and Institutions for the study of or Research in Pediatrics in any of its aspects by way of scholarships, fellowships, grants, endowments, etc.
- Either through itself or in cooperation with other bodies or persons fellowships, prizes, certificates, diplomas of proficiency in the science of Pediatrics and conduct such tests, examinations or other scrutiny as may be prescribed from time to time.
- Free of cost or at subsidized cost its official journals, books, periodicals or publications on pediatrics and allied subjects which the society thinks is desirable for the promotion of its objects.
- Opportunity to its member to participate in Conferences, Lectures, Meetings, Seminars, Symposia, Workshops, Continuing Medical Education Programs, etc.
- Opportunity to become members of its Branches / Subspecialty Chapters / Groups / Cells / Committees.

Affiliations / Collaboration –

The Society is affiliated to:

- (i) International Pediatric Association (IPA)
- (ii) International Society of Tropical Pediatrics (ISTP)
- (iii) American Academy of Pediatrics (AAP)
- (iv) Asian Pacific Pediatric Association (APPA)
- (v) Asian Society for Pediatric Infectious Disease (ASPID)
- (vi) Pediatric Association of SAARC (PAS)
- (vii) Royal College of Pediatrics and Child Health (RCPCH)

Categories of Membership –

(1) **Student Member:** Applicant who has passed M.B.B.S. and doing Post Graduation can enroll himself/herself at 50% of the prevailing rate of life membership at the time of admission and pay the balance 50% within 4 years or earlier. On making full payment, he/she will be entitled to change the “Student” Membership category to either “Associate Life” or “Life” depending on the graduation / post graduation status.

(2) **Associate OR Associate Life Member:** Applicant who has passed M.B.B.S. only, have an option to become Annual Member i.e. “Associate” Member (renewable every year) OR “Associate Life” Member by paying life membership amount in one lump sum.

(3) **Ordinary OR Life Member:** Applicant holding M.B.B.S. and Post Graduation (such as D.C.H., M.D. (Ped), D.N.B. (Ped) or any other degree recognized by the Executive Board of IAP as equivalent) are eligible to be “Ordinary” Member (renewable every year) OR “Life” Member by paying life membership amount in one lump sum.

How to Apply for Membership –

Application should be made in the prescribed form. Along with the application for membership of IAP, photo copies of the following documents should be submitted -

- 4) Photo copies of the M.B.B.S. & Post Graduation Certificates as (as per degrees listed in your application).
- 5) Photo copies of the degrees registration certificates with **State Medical Council OR Medical Council of India** (as the case may be).
- 6) Certificate from the HOD stating that the applicant is a bonafide student of his/her Medical College (if the application is for “Student” Membership).

Membership Fee –

The Membership Fee Structure is as follows:

Category of Membership	Admission Fee	Membership Fee	Total Amount Payable
Student	Rs.500/- (payable at the time of admission)	Rs.5000/- (Total payable Rs.5500/- at the time of admission i.e. 50% of the current life membership amount and admission fee) and balance Rs.4500/- on or before completion of 4 years of Student Membership).	Rs.10,000/-
Associate	Rs.500/-	Rs. 1000/-	Rs.1,500/-
Associate Life	Rs.500/-	Rs.9500/-	Rs.10,000/-
Ordinary	Rs.500/-	Rs. 1000/-	Rs.1,500/-
Life	Rs.500/-	Rs.9500/-	Rs.10,000/-

The Membership Fee should be paid by a crossed bank draft drawn in favor of “**INDIAN ACADEMY OF PEDIATRICS**” payable at Mumbai. Add Rs 100/-, if IAP Photo Identity Card is desired.