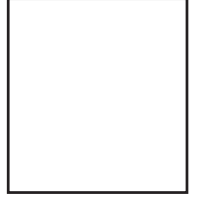




# Academy of Pediatrics

## Gujarat

Office : Ahmedabad Medical Association Building



1. Name : \_\_\_\_\_  
(Surname) (First Name) (Second Name)

2. Present Status & Designation : \_\_\_\_\_

3. Office Address : \_\_\_\_\_  
\_\_\_\_\_

Mobile : \_\_\_\_\_ E-mail : \_\_\_\_\_

4. Address (Resi.) : \_\_\_\_\_  
\_\_\_\_\_

Mobile : \_\_\_\_\_ E-mail : \_\_\_\_\_

5. Registrations : (a) Number : \_\_\_\_\_ (b) Authority : \_\_\_\_\_

6. Qualifications : \_\_\_\_\_ University : \_\_\_\_\_

7. Year of Passing MD / DCH / DNB : \_\_\_\_\_

8. Central IAP Life Membership No. : \_\_\_\_\_

9. Category of Membership desired : \_\_\_\_\_  
(Lifetime / Ordinary / Associate / Associate Life / Student)

10. Name & Address of the Proposer : \_\_\_\_\_  
\_\_\_\_\_

Signature of the Proposer : \_\_\_\_\_

11. Name & Address of the Proposer : \_\_\_\_\_  
\_\_\_\_\_

Signature of the Proposer : \_\_\_\_\_

Mailing Address of the Applicant :

Signature of the Applicant :

12. Membership Fees : Annual Membership Rs. 1500/- • Life Membership Rs. 2000/-

Proposer & Secunder must be members of AOP-Guj.

Payment should be made by crossed demand draft or at par cheque drawn in favour of '**Academy of Pediatrics, Gujarat**' OR in Cash OR Transfer to A/C. '**Academy of Pediatrics, Gujarat**' 'Union Bank of India, S. R. Marg Branch, **A/C. No. 4449102010063062**

IFSC : UBIN0544914 For online membership go to [www.iapgujarat.com](http://www.iapgujarat.com)

**Photo Copy May be used.**

**Dr. J. K. Gosai**

Hon. Secretary, AOP Gujarat

**SHAISHAV Neonatal & Children Hospital**

Ajay Part-6, Sureliya Estate, Vastral Road, Ahmedabad-26

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