



Academy of Pediatrics

Gujarat

Membership Application Form

Affix
Photo

- Name : _____
(Surname) (First Name) (Second Name)
- Present Status & Designation : _____
- Office Address : _____

Mobile : _____ E-mail : _____
- Address (Resi.) : _____

Mobile : _____ E-mail : _____
- Registrations : (a) Number : _____ (b) Authority : _____
- Qualifications : _____ University : _____
- Year of Passing MD / DCH / DNB : _____
- Central IAP Life Membership No. : _____
- Category of Membership desired : _____
(Lifetime / Ordinary / Associate / Associate Life / Student)
- Name & Address of the Proposer : _____

Signature of the Proposer : _____
- Name & Address of the Second Proposer (To be signed with stamp by local Branch President or Secretary : _____

Signature of the Proposer : _____
- Mailing Address of the Applicant : _____
Signature of the Applicant : _____
- Membership Fees : Annual Membership Rs. 1500/- • Life Membership Rs. 2000/-
Proposer & Seconder 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)
- Cheque/NEFT receipt with duly filled form to be sent by Email or Post/Courier to "**Secretary AOP Gujarat**"
Photo Copy May be used.

Regd. Office : Ahmedabad Medical Association, Ashram Road, Ahmedabad.

Dr. Manish Mehta
Hon. Secretary, AOP Gujarat
Synergy Neonatal & Pediatric Centre
2nd Floor, Vishwam Complex, Dharnidhar Cross Road, Vasna, Ahmedabad-380007.
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