



**INDIAN ASSOCIATION OF PHYSIOTHERAPISTS
APPLICATION FORM FOR PHOTO ID CARD**

STAMP
SIZE
PHOTO

PLEASE NOTE :

1. To be filled as per the I.A.P Membership Certificate / Degree Certificate
2. Fill in block letters
3. Enclose one stamp sized and one passport sized photograph with the form
4. Attach a copy of **the I.A.P Life membership Certificate** (for old members only)
5. ID card issued for IAP life members only

Contact details :

Title : Dr./Mr./Mrs.: Name _____
_____ PHYSIOTHERAPIST

Blood Group _____ Date of Birth _____ (DD/MM/YY)

Sex : Male / Female

I.A.P Registration Number : _____ (Not applicable for new-members)

Permanent Address : _____

Title : Dr./Mr./Mrs.: Name _____
_____ PHYSIOTHERAPIST

Blood Group _____ Date of Birth _____ (DD/MM/YY)

Sex : Male / Female

I.A.P Registration Number : _____ (Not applicable for new-members)

Permanent Address : _____

City/Town : _____

State : _____ Pin Code : _____

Tel.No. _____ Mobile No. _____

Email id _____

Institute/Work address : _____

Qualifications : _____

Specimen Signature :

**Please send your filled application to Dr.Sanjiv Kr Jha, Secretary IAP, 702 B1 Shanai Residency
Opp. Hotel Amar Vilas A.B road. INDORE - 452010 (M.P) India
New members may enclose this form along with applicaiton form**