

THE INDIAN ASSOCIATION OF PHYSIOTHERAPISTS

APPLICATION FORM

(To be filled in Block Letters only)



Please enroll me as **Ordinary / Life / Associate Member** of the I.A.P.

Name (Mr / Ms. / Mrs)

Sex: [M] / [F]

Nationality: **Date of Birth:**/...../..... (DD/MM/YY)

Permanent Address

PIN

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Correspondence Address

PIN

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Telephone **Email :**

EDUCATIONAL QUALIFICATIONS (Use separate page if necessary)

(A) PRE – PROFESSIONAL

School / College	Name of Board / University	Year of Passing	% of Mark obtained

(B) PROFESSIONAL

School / College	Name of Board / University	Year of Passing	% of Mark obtained

Whether applying Fresh / Re – applying

Whether a member of any other Medical Association: (Please specify)

Any other relevant Particulars:

I agree by the Constitution and Bye – laws of the Association and uphold its Ethical principles.

I am remitted Rs..... as registration fee and membership subscription by

Cash / D.D./No..... Dated..... of Bank.....

Date: / / [DD/MM/YYYY]

Signature of the Applicant

