



IAP MEMBERSHIP GOODSTANDING CERTIFICATE ONLINE FORM

(Form should be filled by existing IAP LIFE members Only)

IAP LIFE TIME MEMBERSHIP NUMBER

Fee . 3000

1. Applicant Details

Applicant Name / आवेदक का नाम*

Middle Name / मध्य नाम

Last Name / उपनाम

Mobile No. / मोबाइल न. *

Email Id / ईमेल आईडी

Applicant Father/ Mother/ Husband/Guardian.

First Name

Middle Name

Last Name

Educational Qualification / शैक्षिक योग्यता

college Name BPT Passed out / hindi

University Name / hindi

Year of Passing

Blood Group / रक्तग

Gender / लिंग

Date of Birth / जन्म तारीख

Place of Birth / जन्म स्थान

Country of Birth / जन्म देश

IMPORTANT.

ADDRESS TO WHICH CERTIFICATE TO BE SENT.

E-MAIL:

Ph.NO..

ANY OTHER INSTRUCTION\REMARK

2. Address Details

A) Present Address: / वर्तमान पता

Address / पता*

State/राज्य *

District / जिला*

City /

Pin Code / पिन कोड*

B) Correspondent Address: / स्थाई पता

Same as present Address *

Yes No

1 Address Proof / पते का प्रमाण*

2. Digital signature of Applicant

3. Photograph Of Applicant

4. Copy of Membership Certificate.

5 Any Two Government I.D of Applicant.

FILL AND SUBMIT.

FOR DETAILS PLEASE CONTACT.

Dr. Ruchi Varshney (PT)

Treasurer

The Indian Association of Physiotherapists – IAP

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