



IAP LIFE TIME ONLINE MEMBERSHIP FORM [For Member College]

College name

Fee : Rs.6000.

1. Applicant Details

Applicant Name /

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

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

Documents to be Attach by Applicant

1. Address Proof / पते का प्रमाण*

2. signature of Applicant

3. Applicant Passport size (resolution to mention) Photo Here

4 10th pass certificate

5. 12th pass certificate

6. B.P.T Certificate & marks sheet all years

7 Internship certificate.

8. M.P.T Certificate [if there]

9 Any two Government I.D

10. Any other Document.

Consent for Membership.

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

Please feel free to ask further clarification if any.
All the Best

Dr. Ruchi Varshney (PT)

Treasurer

The Indian Association of Physiotherapists – IAP

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