



Innovative Physicians Forum®

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MEMBERSHIP FORM

To,
The Secretary General,
I wish to join Innovative Physicians Forum as Life Member & promise to abide by its rules and regulations.

Full Name (Block Letters)..... Age M/F
Qualification (with Year & University).....
.....
Residential Address.....
..... Tel. Mob.
Office Address with Designation
..... Tel. Mob.
E-mail:
PAN No. Aadhaar No..... Medical Council No.....

Category of Membership (Please tick one):

Life Membership Fee:

Individual	RS 4,000/-
Institutional	RS 50,000/-
Overseas Individual	USD 300

Bank Detail:

Innovative Physicians Forum

BANK OF INDIA

Rajendra Palace, New Delhi- 110008

IFSC: BKID0006010

A/c No: 601020110000671

Amount remitted by Cash/ Demand Draft/ Cheque No.

Dated

Drawn on

Signature Applicant

Proposed by

Name

Address

Membership No.

Seconded by

Name

Address

Membership No.

Note: Please send the following documents (Self Attested) with the completed Application Form.

1. A Photocopy of Degree.
2. Photocopy of registration by relevant Medical Council.
3. Copy of PAN Card.
4. Copy of AADHAAR Card.
5. Two Passport Size Colour Photo.
6. Multi-city Cheque/ DD in favor Innovative Physicians Forum.

ELIGIBILITY FOR MEMBERSHIP

- * MD/ DNB (Medicine & allied branches) & above
- * PG's appearing for MD/ DNB exam are also eligible

For Office Use

Membership No. Allotted

Signature Secretary General