

University _____

Current Designation _____

Faculty/ Speciality _____

Government _____

Private Practitioner _____

Other Details _____

I am willing to contribute 50% of my Life Membership Fee towards the AOP UP corpus fund

Life Membership Fee Rs. 3000/00

Student Membership Rs. 2000/- Only

Kindly send self attested photocopy of above certificates(Degree of MBBS/MD/DCH) along with AADHAR Card, completed application form and proof of payment.

Bank Details

“ACADEMY OF PEDIATRICS UTTAR PRADESH”

AXIS BANK, FOOTBALL CHOWK, MEERUT, UP Pin Code : 250001

A/C No:- 916010083448147

IFSC CODE – UTIB0002931



Kindly send receipt of transaction by mail to officeupiap@gmail.com

Date

Signature

Place

(Full Name)

Please mail the completed form to :

Dr D K Bhagwani

Secretary,

Academy of Paediatrics, Uttar Pradesh

House number 20,Nathmalpur Gorakhnath,

Gorakhpur, PIN - 273 015

Mail to : officeupiap@gmail.com

Mob: 7618965136 / 9414282106