

IAP ANNUAL MEMBERSHIP FORM

[For Non Member College]

Select college name

Fee : 9440 with GST

Note : [Its like life time only as you have to pay only 100 Rs every 10 years.

[Done for Administrative purpose]

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 for BPT

University Name

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) Address:

Address / पता*

State/राज्य *

District / जिला*

City /

Pin Code / पिन कोड*

2. Documents to be Attach by Applicant

- 1 Upload 10th pass certificate
- 2.Upload 12th pass certificate
- 3.Upload B.P.T Certificate and All Year Mark sheets
- 4 Upload Internship certificate.
- 5.Upload M.P.T Certificate [if there]
- 6 Upload Any two Government I.D

- **Payment Information:**

Payment Method

Credit Card

Check

Bank Transfer:

Billing Address

City

State / Province

Postal / Zip Code

- **Additional Information:**

How did you hear about us?

-

Do you have any special skills or interests you would like to contribute as a member?

Any other comments or questions?

- **Declaration:**
- **I certify that all information provided in this application is true and accurate to the best of my knowledge. I understand that membership approval is at the discretion of the association and may be subject to review.**

- **Signature**

Date

Consent for Membership.

I Hereby Give My consent to abide by the MOA and rules and regulations of IAP and any decision of IAP , I will abide as applicable from time to time

Place:

Date:

Signature

Name of Candidate

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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