



Innovative Physicians Forum®

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LIFE 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 5900/-*
Institutional	RS 118000/-*
Overseas Individual	USD 590/-*
Industry	RS 590000/-*
Overseas Associations/ Overseas Industries	RS 1180000/-*

* Inclusive of GST

Bank Detail:

Innovative Physicians Forum

BANK OF INDIA

Rajendra Palace, New Delhi- 110008

IFSC: BKID0006010

A/c No: 601020110000671

Amount remitted by Cash/ DD/ Cheque No./ NEFT or RTGS No./

Dated

Drawn on

GST DETAIL

Name: INNOVATIVE PHYSICIANS FORUM

GST Number : 07AABAI1557L1ZK

Address: Ground Floor, 34/34, Old Rajendra Nagar, North Delhi, Delhi, 110060

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