



Innovative Physicians Forum®

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MEMBERSHIP FORM (LIFE / ASSOCIATE)

To,

The Secretary General,

I wish to join Innovative Physicians Forum as Life Member / Associate 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

RS 29500/-*

South Asian Countries

RS 15000/-*

*Industry

RS 590000/-*

Overseas Associations/ Overseas Industries

RS 590000/-*

Associate Membership Fee:

Associate Member

RS 2950/-*

* Inclusive of GST

Bank Detail:

Innovative Physicians Forum

A/c No: 601020110000671

IFSC: BKID0006010

Swift Code: BKIDINBBKLB

AD Code: 0220092

Bank Name: BANK OF INDIA

Rajendra Palace, New Delhi 110008

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

For Life Members

* MD/ DNB (Medicine & allied branches)/MRCP & equivalent

For Associate Members

* PG Students (1st, 2nd, 3rd) year in MD / DNB / MRCP & equivalent.

For Office Use

Membership No. Allotted

Signature Secretary General