

## THE INDIAN ASSOCIATION OF PHYSIOTHERAPISTS

### LIFE MEMBERSHIP FORM

(To be filled in Block Letters only)

PASSPORT  
SIZE PHOTO

Please enroll me as **Life Member** of the I.A.P.

Name (Mr. / Ms. / Mrs. )

[illegible]

Nationality

Date of Birth : ..... / ..... / ..... (DD/MM/YY)

Address

A diagram showing a 4x16 grid of squares. The first 8 columns are shaded gray. To the right of the grid, the text "PIN" is followed by a 1x8 grid of squares.

State

Mobile

Email : .....

**EDUCATIONAL QUALIFICATION** (Use separate page if necessary)

**(A) PRE - PROFESSIONAL**

School /College	Name of Board / University	Year of Passing	% of Mark Obtained
High School (10)			
Intermediate (12)			

**(B) PROFESSIONAL**

Course	Name of Board / University	Year of Passing	% of Mark Obtained
B.P.T.			
M.P.T.			

I agree by the Constitution and Bye - laws of the Association and uphold its Ethical principles.

I am remitted Rs. .... as registration fee and membership subscription by

Cash / D.D./No. .... Dated ..... of Bank .....

Date : ..... / ..... / ..... (DD/MM/YYYY)

Signature of the Applicant

# INFORMATION

Please use separate Application form available in IAP Website for Photo I.D Card  
(SUBSCRIPTIONS)

1. ORDINARY MEMBER FEE	:	Rs. 1000/- per annum (April to March) Physiotherapist qualified from U.G.C. recognized Institution in India
2. LIFE MEMBERSHIP FEE	:	Rs. 5000/- (Physiotherapists Qualified from Institutions those who are Member College of IAP)
3. LIFE MEMBERSHIP FEE	:	Rs. 7000/ (Physiotherapists Qualified from Institutions those who are NOT member College of IAP)
4 FAST TRACK LIFE MEMBERSHIP FEE	:	Rs. 9000/-
5 REGISTRATION FEE (Common for All Membership)	:	Rs. 500/-
6. IAP MEMBERSHIP CERTIFICATE FEE (Common for All Membership)	:	Rs. 500/-

Total Life Membership: **Rs. 6000/-**

(For Graduates those who are from Institutions who are Member College of IAP)

Total Life Membership: **Rs. 8000/-**

(For Graduates those who are NOT from Member College of IAP)

Total Fast Track L.M. Fee: **Rs. 10000/-**

All Payment by draft in favour of "**The Indian Association of Physiotherapists**", payable at "**Indore**" and Send to Dr Anand Misra (PT), Treasurer, The Indian Association of Physiotherapists 39-DC, Slice No.2, Sch.No.78, Vijay Nagar, Indore 452010 (MP) Ph.09827242576. Email: [anand5556@rediffmail.com](mailto:anand5556@rediffmail.com)

"Minimum Criteria for sending Application - A copy of Degree/Provisional Degree Certificate from the University and ~~Course Completion Certificate from College~~ & Internship Completion Certificate from the college +2 Mark sheet and 10<sup>th</sup> Mark sheets Xerox copies and all five attested by a Gazetted Officer and Passport size photo must accompany the application."

## [For Office use only]

Remarks of Examination Committee (Associate members only):- Admitted / Rejected.

Certificates Checked by ..... Treasurer /  
General Secretary

Enrolled as member: .....Reg.  
No.....

Money received by.....

On date.....Receipt  
No.....

Remarks:

Signature of General Secretary / Treasurer I.A.P. [20..... 20.....]

[Incomplete / Incorrect applications are liable to be rejected]