

## **PEDIATRIC HEMATOLOGY ONCOLOGY CHAPTER**

Indian Academy of Pediatrics  
Application Form for Life Membership  
(To be filled in block letters)

**1.Name in Full :**

**2.Present Status & Designation:**

**3.IAP Membership No.:**

**4. (a) Office/Institutional address:**

Pin code:  
Telephone:

**(b) Office/Institutional address:**

Pin code:  
Telephone:

**5. Date of Birth:**

Sex:  
Nationality:

**6. Qualification:**

Medical Pediatrics Degree:  
University:  
Year of Qualification:  
a) MBBS  
b) DCH  
c) MD (Ped)  
d) Any Other

**7. Particulars of present  
employment:**

- a) Place of work
  - PHC
  - Dist. Hospital
  - Medical College
  - Institute
- b) Type of Employment
  - Private Practice
  - Govt-Central/State
  - Semi-Govt.
  - Public enterprise
- c) Duration of work
  - Part time
  - Full time
  - Semi-Govt.
  - honorary
- d) Nature of work
  - Teaching
  - Research
  - Non teaching

**8. Area of Interest :**

Coagulation disorders  
Hemoglobinopathy  
Malignancy

Platelet disorders  
WBC disorders  
Neonatal Hematology

**9. Special Training obtained in  
Ped Hematology Oncology in  
India/Abroad**

**10. Publications in Hematology  
oncology (Attach List)**

11. Are you a member of any other subspeciality of IAP? If so, state which?

**Declaration :**

I agree to abide by the rules and regulations of the Pediatric hematology Oncology Chapter of IAP that are in force.

Date :

Signature of the Applicant: