

**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: .....

E-mail (**Legible in Capitals, please**): .....

(b) Residential address: .....  
 .....

Pin Code: ..... Telephone: .....

5. Date of Birth ..... Nationality.....

6. Qualifications: .....

Medical Degree	College	University	Year of Qualification
MBBS			
DCH			
MD (Paed)			
Any other			

7. Particulars of present employment:

a. Type of employment

Private practice                  Govt-Central/State                  Semi-Govt.                  Public enterprise

b. Place of work

PHC                  Dist. Hospital                  Medical college/institute                  Corporate hospital  
Own clinic

c. Duration of work

Part time                  Full time                  Honorary

d. Nature of work

Teaching                  Research                  Non-teaching

8. Areas of interest

Hemoglobinopathy                  WBC disorders                  Platelet disorders                  Coagulation disorders  
Neonatal hematology                  Malignant hematology                  Solid tumors                  Pediatric Oncology

9. Special Training obtained in Paed. Hematology Oncology in India / Abroad If so, where?

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10. Publications in Hematology Oncology (Please attach a list)

National                  International

11. Are you a member of any other sub specialty 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 and maybe in force from time to time.

Signature of the Applicant:

Date:

**Membership fees:**

Life membership: **Rs.2000** (Indians)

USD 250 (NRI/Non-Indian)

Payment options: Either of three

- a) Demand draft to be drawn in favor of "**IAP Pediatric Hematology and Oncology Chapter - Mumbai**". **Payable at Mumbai**
- b) Crossed cheque in favor of "**IAP Pediatric Hematology and Oncology Chapter – Mumbai**". Payable at Mumbai.
- c) Online payment (***Must mail soft copy of proof of transfer to [secy.pho@gmail.com](mailto:secy.pho@gmail.com)***)

Bank Name: ICICI Bank Ltd

Name of the account: IAP Pediatric Hematology and Oncology Chapter Mumbai

H N Hospital Branch, Mumbai

Account Number: 000401149679

IFSC Code Number: ICIC0003611

**Please Note:**

It is mandatory for pediatricians to be a member of IAP for life membership of the PHO chapter. Non IAP members (Non Pediatricians) from allied specialties' are eligible for affiliate membership which does not entail voting rights.

Please send the completed form with demand draft or Cheque or soft copy of proof of online transfer to:

**Dr Deepak Bansal****Honorary Secretary of PHO chapter of IAP**

Professor, Hematology/Oncology Unit

Dept. of Pediatrics, Advanced Pediatrics Center

Postgraduate Institute of Medical Education & Research

Chandigarh, 160 012; India

Email: [secy.pho@gmail.com](mailto:secy.pho@gmail.com)