

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***)

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 Nita Radhakishnan
Honorary Secretary of PHO chapter of IAP

Associate Professor and Head
Post graduate institute of child health
Sector 30, Noida
Uttar Pradesh- 201303

Email: secy.pho@gmail.com