



IAP Respiratory Chapter

Membership Form



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Academic Qualification(s): MBBS DCH MD DNB(Ped)

Others :

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Mobile Phone No:Email ID:

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Name of the Proposer:

IAP Membership No. of the Proposer:

Signature of the Proposer:

Name of the Seconder:

IAP Membership No. of the Seconder:

Signature of the Seconder:

Specific interest in any Subtopic of pediatric respirology in the journal of "**Pediatric Pulmonology**" eg, Respiratory Infections , Respiratory Allergy , Respirology Intensive Care , others

Date:

Signature

Please submit this form with a DD of Rs. 1500/- in favour of "IAP Respiratory Chapter" payable at Kolkata in the following address. (No outstation cheque will be accepted).

Corresponding address: Dr. Gautam Ghosh, Chairperson 2009-10
Flat No. 2, Merlin Pearl, 23 Ramesh Mitra Road, Bhowanipur, Kolkata- 700025
Mobile: 9830171815

For special correspondance: Dr. K K Ghosh, Secretary, Mobile: 9830034876