

THE INDIAN ASSOCIATION OF PHYSIOTHERAPISTS



APPLICATION FORM

(To be filled in Block Letters only)

Pass port
size photo

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

Name (Mr / Ms. / Mrs)

..... Sex: M / F

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

Permanent Address

.....Pin

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Correspondence Address

..... Pin

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Telephone: Email:

EDUCATIONAL QUALIFICATIONS (Use separate page if necessary)

(A) PRE – PROFESSIONAL

School / College	Name of Board / University	Year of Passing	% of Mark obtained

(A) PROFESSIONAL

	Name of the Institution And Address	Degree / P.G. Certificate Course Date	Duration of the Course % of aggregate
Undergraduate			

Whether applying fresh / re – applying

Whether a member of any other Medical Association: (Please specify)

Any other relevant Particulars:

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:

Signature of the Applicant

INFORMATION

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

1. REGISTRATION : Rs. 500/- (Common for All Membership)

2. ORDINARY MEMBER : Rs. 300/- per annum (April to March)
Physiotherapist qualified from I.A.P. recognised
Institution in India

3. LIFE MEMBER : One time Subscription Rs. 2000 /-

4. IAP-ASSOCIATION MEMBER : Rs. 500/- Physiotherapist qualified
from IAP non recognised institution
in India / Abroad, Subject to approval
by Executive council, I.A.P.

5. IAP MEMBERSHIP EXAMINATION : Fee Rs. 500/-

6. RE-REGISTRATION FEE : Rs. 300/-

7. IAP MEMBERSHIP CERTIFICATE : Rs. 500/-
Including Photo ID
Card

8. CREDENTIAL VERIFICATION CERFICATE : Rs. 3000/-first time,
Rs.1000/-subsequent.

Total Membership Fee

Life Membership: **Rs3000/-**

Associate Membership

-Including Exam Fees Rs **1500/-**

Ordinary Membership **Rs800/-**

All Payment by draft in favour of "**Indian Association of Physiotherapists**", payable at "**Mumbai**" addressed to **Dr.K.M.Annamalai (PT) General Secretary, Indian Association of Physiotherapists, B-201, Kalyan Tower, Vastrapur Lake, Ahmedabad – 380015. Ph.09725598908, Email: annamalaiiap@gmail.com**

ANY SUBSEQUENT CHANGE OF ADDRESS MUST BE REPORTED TO THE GENERAL SECRETARY IMMEDIATELY. **Dr.K.M.Annamalai (PT), General Secretary, Email: annamalaiiap@gmail.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 and all three attested by a Gazetted Officer must accompany the application."

Please note to enroll for IAP examination you should apply for Associate Membership also.

[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]