

MEMBERSHIP FORM-NEUROLOGY CHAPTER OF IAP

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REGISTRATION NUMBER_____REGISTERING AUTHORITY_____

NAME & SIGNATURE OF PROPOSER WITH IAP MEMBERSHIP

NAME & SIGNATURE OF SECONDER WITH IAP MEMBERSHIP

PLACE:-

DATE:-

SIGNATURE OF APPLICANTS

LIFEMEMBERSHIP FEES RS 2000/- IN FAVOUR OF “**NEUROLOGY CHAPTER OF IAP**” PAYABLE AT RAIPUR, ADD RS 25/- FOR OUT STATION CHEQUES.
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