

# 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<br>And Address | Degree / P.G. Certificate<br>Course Date | Duration of the Course %<br>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

## (SUBSCRIPTIONS)

- |   |  |
|---|--|
| <b>1. REGISTRATION</b>                      | : <b>Rs. 500/-</b> (Common for All Membership)   |
| <b>2. ORDINARY MEMBER</b>                   | : <b>Rs. 300/-</b> per annum (April to March)<br>Physiotherapist qualified from I.A.P. recognised Institution in India                               |
| <b>3. LIFE MEMBER</b>                       | : One time Subscription <b>Rs. 2000 /-</b>   |
| <b>4. IAP-ASSOCIATION MEMBER</b>            | : <b>Rs. 500/-</b> Physiotherapist qualified from IAP non recognised institution in India / Abroad, Subject to approval by Executive council, I.A.P. |
| <b>5. IAP MEMBERSHIP EXAMINATION</b>        | : Fee <b>Rs. 500/-</b>   |
| <b>6. RE-REGISTRATION FEE</b>               | : <b>Rs. 300/-</b>   |
| <b>7. IAP MEMBERSHIP CERTIFICATE</b>        | : <b>Rs. 500/-</b>   |
| <b>8. CREDENTIAL VERIFICATION CERFICATE</b> | : <b>Rs. 3000/-</b> first time,<br><b>Rs.1000/-</b> 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 “**Surat**” addressed to Dr. Subodh Desai, 101-A, Parshwadeep Apts, Near Arjun Complex – Bhatar Road – Surat – 395 001.Ph: 02612230484. email: subodhdesai@sify.com

**ANY SUBSEQUENT CHANGE OF ADDRESS MUST BE REPORTED TO THE GENERAL SECRETARY / TRESURER IMMEDIATELY. Ph: 044 42185588. Email: desikamanipt@hotmail.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