

Indian Academy of Pediatrics
Genetics Specialty Chapter

Department of Medical Genetics, SGPGIMS, Lucknow-226014, Uttar Pradesh
Membership Application Form

1. Name: Dr.....
2. Permanent address:
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3. Office address.....
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4. E-mail:.....
5. Telephone:.....
6. Present employment: Teacher/Govt. Employee/Hospital/ Private Practice
7. Qualifications
Medical degree:.....
Specialty :.....
8. Training in Genetics:
9. Area of interest: Dysmorphology/Metabolic disorders/Cytogenetics/Molecular genetics/Prenatal diagnosis/Others.....
10. IAP membership number:.....
11. Demand draft details: (for Rs 1000/= drawn in favor of 'Genetics Chapter IAP' payable at Mumbai)
 - a. Bank :.....
 - b. DD number and date:.....
12. Signature with date:

Affix your recent
passport size
photograph

For office use only

Application number:.....Date:.....
Application for membership: accepted/rejected
Membership number:.....
Receipt number:.....
Signature of the secretary, genetics specialty chapter of IAP:

Send the filled application form to: Dr Shubha R Phadke, Professor, Medical Genetics, Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow-226014, Uttar Pradesh, India. Email: shubha@sgpgi.ac.in