



IAP- COMPUTER & MEDICAL INFORMATICS CHAPTER

Dr. Satish Pandya
Chair Person

Dr. Yatin Mehta
Secretary

LIFE MEMBERSHIP FORM

Name : _____

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Age : _____ Sex : _____ Qualification : _____

Office Address : _____

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Areas of special interest in Computer in Medicine _____

Declaration

I agree to abide by the rules & regulations of the IAP Computer & Medical Informatics Chapter

Sign. :

Proposed by (Name & Signature) : _____

IAP Mem. No. : _____ CMIC No. : _____

Address for Correspondence :

Dr. Yatin Mehta

Secretary, IAP-CMIC

Sameep Children Hospital

Chaturbhai Park, Near Essar Petrol Pump,

Harni Varasia Ring Road,

Vadodara - 390006, Gujarat, India.

Phone: 0265-2561601, 2570421,

Fax: 0265-2521242

Email: dryatinmehta@yahoo.com

Life Membership : Rs. 1000/-

Cash / DD No. : _____

Dated : _____

** Please make DD in favour of "IAP CMIC" payable at Vadodara.

For office use :

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