



# IAP- COMPUTER & MEDICAL INFORMATICS CHAPTER

**Dr. C.P. Bansal**  
MD, FIAP  
Chairperson

**Dr. Satish Pandya**  
MD, FIAP  
Secretary

## LIFE MEMBERSHIP FORM

Name : \_\_\_\_\_

IAP Mem No. : \_\_\_\_\_

Age : \_\_\_\_\_ Sex : \_\_\_\_\_ Qualification : \_\_\_\_\_

Office Address : \_\_\_\_\_

\_\_\_\_\_ Pin : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_

Phone : \_\_\_\_\_ Mobile : \_\_\_\_\_

Fax : \_\_\_\_\_ Email : \_\_\_\_\_

Residential Address : \_\_\_\_\_

\_\_\_\_\_ Pin : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_

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. Satish Pandya**

Secretary, IAP - CMIC

Varun Children Hospital,

4, Suhas Society, Opp. Shastri School,

Harni Road, Vadodara - 390 006. Gujarat, INDIA.

Tel : 0265 - 2484103, 2481671

Email : vchsatis@yahoo.com

Life Membership : Rs. 1000/-

Cash / DD No. : \_\_\_\_\_

Dated : \_\_\_\_\_

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

For office use :

**Life Membership No. :** \_\_\_\_\_