



# Indian Pharmacist Association (IPA)

Member of Global Health Workforce Alliance (WHO)

H.Q.: B-18, Lane 7, Shashi Garden, Mayur Vihar Phase 1, Delhi – 110 091

Website: [www.ipa-india.com](http://www.ipa-india.com); Email: [secretary.ipa@hotmail.com](mailto:secretary.ipa@hotmail.com)

Regd. Office: Indian Pharmacist Association (IPA), Wimberlygunj, South Andaman 744206  
Andaman & Nicobar Islands, Port Blair, Ph 0312-257398

## MEMBERSHIP FORM

Membership No.....

Name (in Block Letters) : .....

F/H. Name : .....

Date of Birth : ..... Sex: .....

Qualification (Attach copy) : .....

Pharmacy Council where Regd: .....

Address : .....

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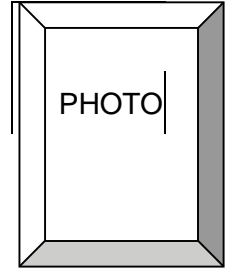
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Office Address : .....

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Mobile Number : .....

Email Address : .....



### Undertaking

Certified that the information furnished in this form are true to the best of my knowledge and belief. I shall abide by all the rules and regulation of Indian Pharmacist Association (IPA). Further to state that I took the membership of IPA with my own conscious without anybody's pressure or influence.

**Signature**

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**Membership Fees.** Life time Membership-1100/- Annual Membership-250/-  
Cheque/DD No. .... Dated ..... Bank Branch .....

**\*Kindly send the filled in membership form to our Head Office address at Delhi.**