



INDIAN PHARMACIST ASSOCIATION

IPA

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; Email: 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) :

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Address :

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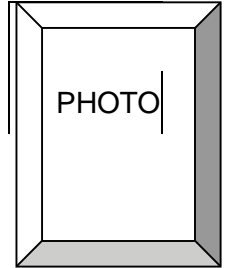
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Office Address :

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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.**