



**INDIAN ASSOCIATION OF AYURVEDIC PEDIATRICS**

(Regd. Office: "55", Aradhana Amchi colony, Pashan NDA Road, Bawdhan Khurd, Pune-411021,  
Tel No.: 020-22953563, Fax No.: 020-22952782, E - mail: iaapindia@gmail.com)

**IAAP MOTHER MEMBERSHIP FORM**

Name of the Mother :

.....  
..... (Surname) (First Name)  
..... (Middle Name)

Date of Birth:

.....  
.....

Address for Communication

.....  
.....  
.....

State:

..... Nationality.....  
.....

Telephones (CITY CODE)

Resi:

..... Off:..... FAX:.....  
.....

Mobile: ..... Email ID:

.....

Qualification

.....

Purpose of the membership : tick the correct one

- 1) Planning a child program
- 2) "Supraja Program : Guidance during pregnancy

Payment details:(in words)-----

Cheque/ Draft No:-----Bank /branch:(in figures)-----

Dated:-----Balance:-----

Mode of Payment. -----

Place:

Date :

(Signature of the Applicant)

**Membership Eligibility**

The membership is open to only ladies who are planning for a child or who are pregnant and want advice .

**Membership Privileges**

- a. To receive the instructions from expert panel on your queries.
- b. To receive the full package of 9 months structured guidance on diet, asana , archana and mantra etc.
- c. To receive the full package of plan your child with structured guidance on diet, asana , therapies and treatments for purification of body,mind,soul etc. before conception .
- d. To participate in the National level study, research programmes and Awards functions .
- e. Exchange the experience with other members

**Membership Fee**

Plan your Child Program : Rs. 1500/

Supraja Program : Rs. 5000/-

The Membership Fee should be paid by a crossed bank draft drawn in favour of  
“INDIAN ASSOCIATION OF AYURVEDIC PEDIATRICS” payable at Pune .  
OR online payment option available on net or Direct deposit in the Bank account .

**Payment on :**

Indian Association of Ayurvedic pediatrics

A/C No. : 60023068976

Bank Name : Bank of Maharashtra

Branch : Bawdhan Pune

IFSC : MAHB0001385