



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 CHILD MEMBERSHIP FORM

Name of the Child :

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

Date of Birth: Age : ----- Sex-----
-----;

Address for Communication

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

State:

.....Nationality:.....
.....

Telephones (CITY
CODE).....

...

Resi:

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

Mobile: Email ID:

.....

Studying in

.....

Name of the school -----

Purpose of the membership : Tick the correct one

- 1) For Preventive Healthcare Advice From birth to 16 yrs.
- 2) For Treatment of disease : Through E- clinic or Referral to expert panel on IAAP

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

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

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

Mode of Payment. -----

(Signature of the Applicant : Father/ Mother)

Place:

Date :

Membership Eligibility

The membership is open to ALL CHILDREN from the age group of 1 month to 16 yrs.

Membership Privileges

- a. To receive the instructions from expert panel on regular basis for your queries on preventive child healthcare.
- b. To receive the structured guidance on diet, asana , archana and mantra and psychological development of child etc.
- c. To receive the correct reference for particular problem to have focused treatment and therapy guidance from experts on IAAP list.
- d. To participate in the National level study, research programmes and Awards functions .
- e. Exchange the experience with other members

Membership Fee

- 1) Preventive child healthcare : Rs. 500/ yr. : 20 min of online discussion every week or 10 sessions of 30 min in a year .
- 2) Curative Disease Advice and referral : Rs. 200/- for one disease excluding medicines .

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 to be sent on

Indian Association of Ayurvedic pediatrics

A/C No. : 60023068976

Bank Name : Bank of Maharashtra

Branch : Bawdhan Pune

IFSC : MAHB0001385

I accept the terms and conditions of the membership

(Signature of the Applicant : Father/ Mother)