



Date of Birth Blood Group Marital Status (Married / Unmarried) Date of Marriage Put (✓) in the appropriate box  
Type of Membership

<input type="checkbox"/>	Life Member
<input type="checkbox"/>	Associate Life Member

<input type="checkbox"/>	Ordinary Member
<input type="checkbox"/>	Institutional Member

**PAYMENT DETAILS** : Enclose Draft/Cheque\* in favour of "**IPGA New Delhi**"

Please (✓) in the appropriate column

Amount (in words)

Cheque/Draft / Pay order No. Dated Drawn on (Bank Name) Branch 

<input type="checkbox"/>	Cash
<input type="checkbox"/>	Cheque
<input type="checkbox"/>	Draft / Pay Order

Rs:  /-

★Add Rs.: 50/- for outstation cheque.

**UNDERTAKING**

Certified that the information given in the form are true to the best of my knowledge. I shall abide by all the rules and regulations of the Indian Pharmacy Graduates' Association.

Place.....

Date 

Applicant's Signature

MAIL THE APPLICATION FORM

To

**Dr. Arun Garg**

General Secretary

Indian Pharmacy Graduates' Association,

F-2, 1st Floor, A Block Shopping Complex, Meera Bagh, New Delhi-110087

Tele fax : 011-45637027, E-mail : agarg333@hotmail.com website : www.ipga.in

**MEMBERSHIP FEES****Life Member**Rs.: 3000/-  
+Registration Fee Rs.: 100/-**Total Rs.: 3100/-****Associate Life Member**

(For Students only)

Rs.: 3000/-  
+Registration Fee Rs.: 100/-**Total Rs.: 3100/-**

(Associate Life Member will become Life Member after completion of B.Pharmacy)

**Ordinary Member**

(Annual)

Rs.: 1500/-  
+Registration Fee Rs.: 100/-**Total Rs.: 1600/-****Institutional Member**

Rs.: 11000/-

**Total Rs.: 11000/-****For office use only**Membership No. Date of Admission IPGA Receipt No. Date of Dispatch Signature  
(Treasurer)Signature  
(General Secretary)