



INDIAN PHARMACY GRADUATES' ASSOCIATION

(Regd. Under Registration of Societies Act. XXI of 1860, Regn. No. S/8255 of 1976)
Head Quarter : F-2, 1st Floor, A Block Shopping Complex, Meera Bagh, New Delhi-110087
website : www.ipga.in

MEMBERSHIP FORM

(NOTE : PLEASE MAKE ALL ENTRIES IN BLOCK LETTERS)

Membership No.:

NAME

Please Tick as applicable Dr. Prof. Mr. Ms. Mrs.

Last Name / Surname

First Name

Middle Name

PERMANENT ADDRESS

Area / Locality / Village

Town / City / District

Pin Code

Phone

Fax

Mobile

E-mail

Please
Affix
Passport
Size
Photograph

Please attach one
more passport
size photograph

OFFICIAL ADDRESS WITH DESIGNATION

Organisation

Address

Pin Code

EDUCATIONAL QUALIFICATIONS

Degree	Year of Passing	Name of Institute	University
B.Pharm.*			
M.Pharm.			
Ph.D.			

*Please enclose photocopy of your B. Pharm Degree Certificate.

Mission Statement

To improve the professional status of Pharmacy Graduates and to
secure their rightful place in pharmacy and allied professions.

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 onlyMembership No. Date of Admission IPGA Receipt No. Date of Dispatch Signature
(Treasurer)Signature
(General Secretary)