

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.: 51000/-

Total Rs.: 51000/-**For office use only**Membership No. Date of Admission IPGA Receipt No. Date of Dispatch Signature
(Treasurer)Signature
(General Secretary)