INDIAN DOCTORS FOR PEACE AND DEVELOPMENT (IDPD)

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MEMBERSHIP FORM

(Please fill in CAPITAL LETTERS OR TYPE)

Name	
Educational Qualification	
Designation	
Date of Birth	Gender
Address Home	
City	Pin
District	State
Phone	Fax
Email	
Address Office	
City	Pin
District	State
Phone	Fax
Email	

Declaration

I hereby declare that I shall abide by the constitution of the Indian Doctors for Peace and Development. Kindly enroll me as me as Life Member/Associate Member (for non doctors) / Student Member.

I am herewith sending the Life Membership/Associate Member fee of Rs.3000.00 or Student membership fee Rs.300.00 in favour of Indian Doctors for Peace and Development payable at Ludhiana vide Cheque No._____ Dated _____ or Online Bank Transfer. Bank : Punjab National Bank, Bank Road, Civil Lines, Ludhiana Account No.: 0297000105396756 IFS Code: PUNB0029700

Signature