

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 _____

Note: The final decision to approve the membership will be taken by the President.

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 membership fee of ₹ 3000.00 for Life Member/Associate Member / ₹300.00 for Student member in favour of Indian Doctors for Peace and Development payable at Ludhiana vide Cheque/Demand Draft No. _____ Dated _____.

Signature