

INDIAN DOCTORS FOR PEACE AND DEVELOPMENT (IDPD)

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OVERSEAS 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 _____

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 / Student Member.

I am herewith sending the membership fee of US\$.300 (US\$.500 for couple) for Life Member/ US\$.50 for Student member in favour of Indian Doctors for Peace and Development payable at Ludhiana vide Demand Draft No. _____ Dated _____.

(I am also sending US\$ _____ as donation for sponsorship of Medical Students)

Signature

BANK DETAILS FOR WIRE TRANSFER

Beneficiary : Indian Doctors for Peace and Development (IDPD)
Bank : Punjab National Bank, IBB, Ludhiana
Bank Account No. : 0297000105396756
Branch : Bank Road, Civil Lines, Ludhiana.
Swift : PUNBINBBLIA