



THE INDIAN PHARMACEUTICAL ASSOCIATION (IPA)

Membership Application Form
Kalina, Santacruz (East) Mumbai 400 098
Tel: 022 2667 1072 Fax: 022 2667 0744
Email: ipacentre@ipapharma.org
Website: ipapharma.org

PHOTO

To
Hon. Gen. Secretary,
The Indian Pharmaceutical Association
Sir,

Date:

I hereby apply for the Patron / Life / Ordinary / Institutional / Foreign / Associate / Associate Life membership* of the Indian Pharmaceutical Association and undertake that on admission, I shall abide by the rules and regulations of the Association.

Signature of the Applicant

Full Name (In Capital letters)
Date of Birth (DD/MM/YYYY)
Qualification (Highest only)
Year of Passing
Blood Group

Mailing address:

Contact Details:

Phone Number :
Mobile Number :
Email ID:

Type of Membership*

Patron / Life / Ordinary / Institutional / Foreign / Associate / Associate Life

Divisional preference
Profession
Designation
Name of the Institution
Work place contact details

Community / Education / Hospital / Industry / Regulatory

Two References (From IPA Members only)
Name,
IPA Membership No.
Signature

1. 2.

Details of Remittance: By Cheque/DD
In favor of "Indian Pharmaceutical Association" payable at Mumbai
Add: Bank charges – For outstation cheques
Note: For Membership fees and IJPS subscription refer Table given below

Admission Fee	Rs.
Membership Fees	Rs.
IJPS Subscription	Rs.
Bank Charges	Rs.
GST @ 18%	Rs.
Total	Rs.

Cheque /DD No & Date:
Drawn on :

For office use
Membership No
Date of Admission

Hon. Gen. Secretary

*Strike out which is not applicable.