

	THE INDIAN PHARMACEUTICAL ASSOCIATION (IPA) Membership Application Form For Student membership 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 Student Life / Student membership of the Indian Pharmaceutical Association and undertake that on admission, I shall abide by the rules and regulations of the Association. Applicant Signature of the																
Full Name (In Capital letters) Date of Birth (DD/MM/YYYY) Blood Group																
Mailing address:																
Contact Details: Phone Number : Mobile Number: Email ID:																
Type of Membership Name and address of the Institution Student Life / Student Contact details																
Endorsement from the Institute	Certified that Mr. /Ms _____ is a student of this institution and is studying in the _____year of Pharm D / B. Pharm / D Pharm Degree / Diploma Seal of Institute Principal Signature of the															
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 tables given below	<table> <tr> <td>Admission Fee</td> <td>Rs.</td> </tr> <tr> <td>Membership Fees</td> <td>Rs.</td> </tr> <tr> <td>IJPS Subscription</td> <td>Rs.</td> </tr> <tr> <td>Bank Charges</td> <td>Rs.</td> </tr> <tr> <td>GST @ 18%</td> <td>Rs.</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td>Total</td> <td>Rs.</td> </tr> </table> Cheque /DD No & Date: Drawn on :		Admission Fee	Rs.	Membership Fees	Rs.	IJPS Subscription	Rs.	Bank Charges	Rs.	GST @ 18%	Rs.			Total	Rs.
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GST @ 18%	Rs.															
Total	Rs.															
For office use Membership No Date of Admission Hon. Gen. Secretary																