



THE INDIAN ACADEMY OF TROPICAL PARASITOLOGY

APPLICATION FOR MEMBERSHIP

Name :

Educational qualifications :

Field of specialization :

Office address :

Residential address :

Fax : Fax :

Phone : Phone :

E-mail : E-Mail :

Address for correspondence: Office/Residence:

Proposed by:
(Member, IATP)

Seconded by:
(Member, IATP)

Signature of applicant

Only Life Membership is accepted

DD. No. dated Bank:
A draft for Rs.3,000/- drawn in favor of Treasurer, The Indian Academy of Tropical Parasitology payable at Pondicherry, along with duly filled application should be sent to -
Dr. Nonika Rajkumari , Treasurer, Indian Association of Tropical Parasitology, Additional Professor, Dept of Microbiology, JIPMER, Puducherry, 605006, email id: drnonika@gmail.com
.....(For Office use only)

Life Membership No:
Signature of Secretary:

Receipt No. & Date:
Signature of Treasurer: