



# INDIAN PODIATRY ASSOCIATION

## LIFE MEMBERSHIP FORM

Name .....

D.O.B ..... Sex .....

Address .....

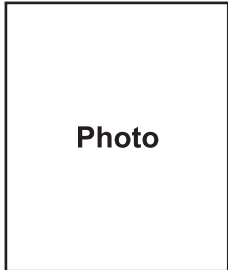
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Qualification : .....

Email : .....

Tel. : ..... Mob. ....



Life Membership fee for Indian Podiatry Association is Rs 8000/-.  
Please complete and return the form with your payment by D.D. / Cheque in favour of  
**"Indian Podiatry Association"**.

Please send registration form to :

President IPA,  
**DIABETIC FOOT CARE & WOUND CARE CENTRE**  
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