INDIAN ACADEMY OF CEREBRAL PALSY

MEMBERSHIP APPLICATION

I. Name in full :.....

(Block letters) First Name Middle Name Surname

II. Designation :.....Dept. :.....

III. Experience in the field of Cerebral Palsy (No of years) :.....

IV. Official / Institutional address :.....H.No.....Road No.....

Cross .....Colony .....City .....District .....

State .....Country .....Pin/Zip .....Email:.....

V. Residential address :.....H.No.....Road No.....

Cross .....Colony .....City .....District .....

State .....Country .....Pin/Zip .....Email:.....

Tel: (R) ( ) .....(O) ( ) .....(M) .....Fax ( ) .....

VI. Date of Birth :.....Male / Female VII. Nationality :.....

VIII. Educational qualification (If multiple degrees - kindly use bottom blank columns) :

S.No.	*Qualifications*	*Speciality*	*Name of the University / College*	*Year of Passing*
1.	MB. BS.			
2.	DCH			
3.	MD / DM			
4.	MS / MCh / DNB			
5.	BOT / MOT			
6.	BPT / MPT			
7.	Psychology			
8.	Spl. Education			
9.	Others (Specify)			
10.	Prosthetist / Orthotist			
11.	Biomedical Eng.			
12.	Parent			
13.	Person with Cerebral Palsy			

IX. *Particulars of present work status:*

1. *Teaching Institue: - Govt /Autonomous/Private /Charitable Organisation*
2. *Non Teaching Institue: - Govt /Autonomous/Private /Charitable Organisation*

X. *Areas of interest related to Cerebral Palsy (Please Mark ✓)*

1] Early Diagnosis.	7] Co morbidities & associated impairments.
2] Early Intervention & Therapy.	8] Lifespan Care.
3] Epidemiology.	9] Assistive technology & orthotics.
4] Clinical & translational Research.	10] Special Education & psycho social aspects.
5] Spasticity management.	11] Teaching , training & Publications.
6]Orthopedic & neuro surgical management.	12] Advocacy, Parent training & community awareness Rights of PwD.

XI. *I /We would like to enrol my / our self as Life / Associate Life Member / Organisational Member of the IACP*
Rs. ..... Cash / Cheque / D.D. No. ..... Bank ..... Date .....

DECLARATION

I hereby declare that I will abide by the bylaws of the Academy and accept the amendments which come in to force time to time. I assure that I will promote the Academy aims and objectives.

Signature of the member

Enclosures: !) 2) 3) 4)

FOR OFFICE USE ONLY

Life / Associate Life Member / Organisational Member / Student Member :

Receipt No. ..... Date. .....Amount ..... Membrship No. .....
The application of the candidate has been verified and he/she is found fit for the membership. Membership may be granted

General Secreatary

DETAILS OF MEMERSHIP Fees:

A. For SAARC Nations:

1) ***LIFE MEMBERSHIP:*** *Rs. 3,000/-. Eligibility: - Those who have completed degree and diploma in medical and para - medical courses.*
2) ***ASSOCIATE LIFE MEMBER:*** *Rs.2,500/-. Eligibility:- Those who have completed certificate or equivalent Courses or who have relevant courses related to cerebral palsy and rehabilitation.*
3) ***AFFILIATION OF CP ORGANIZATION:*** *Rs. 5,000/- Eligibility:- Registered organizations*
4) ***PARENT / PERSON WITH CEREBRAL PALSY :*** *Rs.1,000/-(Annual Membership fee)*

B. For International Members :

1) ***LIFE MEMBERSHIP:*** *$250/- Eligibility: - Those who have completed degree and diploma in medical and Para - medical courses*
2) ***ASSOCIATE LIFE MEMBER: $150/-*** *Eligibility:- Those who have completed certificate or equivalent Courses or who have relevant courses related to cerebral palsy and rehabilitation.*
3) ***AFFILIATION OF CP ORGANIZATION: $*** *500/- Eligibility:- Registered CP organizations*

Note : 1. Professionals will be registered to this academy only after confirming the relevant qualification required for this academy . Kindly enclose xerox copies of your certificates along with registration fees.

2. Please attach relevant brief bio-data

3. The Academy also holds the right to reject or cancel membership if the concerned member or organization are found to be acting contradictory to the interest of the academy.

Cheque/D.D/NEFT/IMPS Favouring

INDIAN ACADEMY OF CEREBRAL PALSY
A/c No. **107910011026466**
UNION BANK OF INDIA
IFSC Code: **UBIN0810791**
NIMS BRANCH, HYDERABAD

Mr. K D Mallikarjuna
Flat No.403, Tower B8 Gardenia Glory
Sector - 46, NOIDA -201303, U.P, INDIA
Email : kdmallikarjuna@gmail.com
Mobile No. : **9581945454**