



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.

	<p style="text-align: center;">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</p>	<p style="text-align: center;">PHOTO</p>														
<p>To Hon. Gen. Secretary, The Indian Pharmaceutical Association Sir,</p> <p>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.</p> <p>Applicant</p>		<p>Date:</p> <p>Signature of the</p>														
<p>Full Name (In Capital letters) Date of Birth (DD/MM/YYYY) Blood Group</p>																
<p>Mailing address:</p>																
<p>Contact Details:</p>		<p>Phone Number : Mobile Number: Email ID:</p>														
<p>Type of Membership Name and address of the Institution</p> <p>Contact details</p>		<p>Student Life / Student</p>														
<p>Endorsement from the Institute</p>	<p>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</p> <p>Seal of Institute Principal</p> <p>Signature of the</p>															
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<hr/>																
Total	Rs.															
<p>For office use Membership No Date of Admission</p>		<p style="text-align: right;">Hon. Gen. Secretary</p>														

INDIAN PHARMACEUTICAL ASSOCIATION
NOTES

1. Ordinary members converting to Life membership need not pay Admission Fee provided their membership is current .
2. Every Member is entitled to receive complimentary copy of Pharma Times an official publication of the Association. The Student members will receive soft version of Pharma Times through IPA Website. The newly enrolled member will receive first copy of Pharma Times after the date of his/her enrolment. If the Ordinary Membership is not renewed until 30th April the copy of Pharma Times will not be sent until to the Member until the membership is renewed.
3. Admission Fee is not applicable to Student / Student Life membership. After receiving the degree the student member will have to apply for Life / Ordinary membership. The student Life member will however becomes Life Member of the Association after receiving the degree in Pharmacy.
4. The Annual Subscription for renewal of membership becomes due and payable on the 1st November every year.
5. A Person is deemed to have been admitted to membership only with effect from the date on which his/her application is approved by the Central Executive Council of the Association.
6. A copy of Memorandum. Rules Regulations and Byelaws of the Association will be supplied to the Member on request.
7. All remittances to the Association should be preferably be made by Demand Draft payable in Mumbai or by crossed cheque. (Add Rs. 75/- as Bank Commission for outstation cheque) Money orders or cash will not be accepted.
8. Membership number will be assigned based on the State/Local Branch opted by the applicant through which the application is submitted. While forwarding the application directly to the IPA office, the applicant may indicate the Branch to which he/she wants to belong. In absence of such mention Membership number will be assigned based on the State under the mailing address.
9. Transfer of membership from one branch to another branch as also from one Division to another Division shall be permitted in accordance with the Byelaws of the Association for the time being force.
10. Every member shall inform to the Association regarding change if any in the mailing address in his/her/own interest.
11. Membership certificate will be issued to only Life members of the Association. Membership cards will be issued to every member except Associate / Student members.

Membership Fees (Effective from 1st July 2017): Table 1

Sr. No.	Type of Membership	Payment	Membership Fees Rs	Admission Fees Rs	Total Rs	GST 18%	Total Rs
1	Patron	One Time	50000		50000	9000	59000
2	Life Member	One Time	6000	100	6100	1098	7198
3	Associate Life Member	One Time	7000	100	7100	1278	8378
4	Life Member (Senior Citizen)	One Time	3000	100	3100	558	3658
5	Ordinary Member	Per Annum	600	100	700	126	826
6	Associate Member	Per Annum	1000	100	1100	198	1298
7	Institutional Member	Per Annum	12000		12000	2160	14160
8	Institutional Member (Hospital & Community Pharmacy)	Per Annum	6000		6000	1080	7080
9	Student Life Member	Per Annum for 4 years	1500		1500	270	1770
10	Student Member (4th year)	One Time	150		150	27	177
11	Student Member (3rd year)	One Time	300		300	54	354
12	Student Member (2nd year)	One Time	450		450	81	531
13	Student Member (1st year)	One Time	500		500	90	590
14	Student Member (2 years Diploma)	One Time	300		300	54	354
15	Foreign Member – Developing Countries	One Time	USD 30	Inclusive of GST			
16	Foreign Member – Developed Countries	One Time	USD 236	Inclusive of GST			

Indian Journal of Pharmaceutical Sciences (IJPS) Bi-monthly
Subscription: Table 2

Sr. No	Category		Amount Rs.
1	Members	Annual Subscription	1000
		Subscription for 3 years	2500
		Subscription for 5 years	4200
2	Direct Subscriptions and Institutions	Annual Subscription	3500
		Subscription for 3 years	8750
		Subscription for 5 years	14000
		Inland (Single copy)	600
3	Foreign Subscribers	Foreign Individual	USD 170
		Foreign Institutional	USD 340
		Overseas (Single Copy)	USD 70
	Agency Discount	10%	