

# PUNJAB PHYSIOTHERAPISTS ASSOCIATION-PPA

(Registered under Societies Act XXI of 1860 and as amended by Punjab Amendment Act 1957)

Reg.no. ....(for office use only)

## APPLICATION FORM

(To be filled in Block Letters only)

fix photograph

Please enroll me as Life Member of the PPA.

Name.....Sex.....

Date of Birth..... Nationality.....

Permanent Address.....

.....PIN.....

Correspondence Address.....

.....PIN.....

Mobile ..... Email.....

### EDUCATIONAL QUALIFICATION.

School/college name	Name of board/university	Year of passing	% of marks

### PROFESSIONAL QUALIFICATION.


Whether applying new/re-applying.....

Whether a member of any other Medical Association:(If yes please specify).....

.....

I agree by the constitution and laws of the association and upholds its Ethical principle.I am deposit Rs .....as membership fee by

Cash/DD/check/other.....Dated.....

Place.....

Signature of Applicant

## INFORMATION

1. LIFE MEMBERSHIP Rs 4100 - one time subscription.
2. PPA membership certificate in case of re-issue (Duplicate) Rs 1600/-
3. PPA IDENTITY CARD Rs 1100/-

### Minimum criteria for sending Application-

1. Self attested copy of 10<sup>th</sup> and 12<sup>th</sup> mark sheets/certificates.
2. Self attested copy of 1<sup>st</sup> to 4<sup>th</sup> year mark sheets degree/provisional degree/diploma certificate from UGC recognised university/recognised Board.
3. One ID proof.
4. Two passport size photograph.

Note: Membership for two year diploma holder after 10+2 awarded as Physiotherapy Assistant.

Send application form along with membership fees at following Address:

PUNJAB PHYSIOTHERAPISTS ASSOCIATION-PPA  
1325-Street NO.12, Shaheed Karnail Singh Nagar,  
Phase-2, Pakhowal Road, Ludhiana, Punjab-141013 INDIA  
Mobile +91 9988119905, +91 9815509002, +91 9888734224

### Bank Account Detail:

A/C NAME: PUNJAB PHYSIOTHERAPISTS ASSOCIATION  
a/c no.337101000581 IFSC code ICICI0003371  
ICICI BANK LTD.  
PAKHOWAL ROAD BRANCH, KANCHAN COLONY, LUDHIANA.

### (FOR OFFICE USE ONLY)

S.no.....

Certificate Checked by.....

Enrolled as Member ..... Reg.No.....

Fees received by ..... On Date.....

Receipt No.....

Remarks:.....

Auth.signature.