



# Indian Association of Colleges of Pharmacy

for a better body of knowledge

## INDIVIDUAL MEMBERSHIP ENROLMENT

### APPLICATION FORM

Name :

Designation :

Mention the Name & Address of the  
Institution / Organisation / Corporate/  
Association / NGOs / Others :

Brief Description of the above :

Mailing Address :

State :

Telephone Nos. :

Mobile :

Fax No. :

Email Id :

Place:-

Date:-

Signature with Seal

# Individual Membership fee of Rs.1,000/- shall be drawn on any Nationalised Bank in favour of "IACP" payable at Chennai.