



# Association of Rehabilitation Professionals and Parents

Shop Plot No. 7, D-Block, Ground Floor, Pandav Nagar, Near Mother Dairy, Delhi-110092  
 E-mail : arppindia@gmail.com, Website : www.arppassociation.org

Regd. No. S/1438

## MEMBERSHIP FORM

1. Name of candidate  
(in block letters)


Photo

2. Parents  Professional  (if Professional) Area of Expertise :

3. Date of Birth

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Gender

F

M

Nationality

4. Official Address

Phone

E-mail

5. Permanent Address

Phone

E-mail

6. Educational qualification (Mention only higher education)

Examination

University

7. Rehabilitation / Professional qualification

Examination

Institute

University

Year

8. RCI CRR No./Association No. :

9. I am herewith enclosing Rs.....in Cash / cheque / DD No.....  
 drawn in favour of Association of Rehabilitation Professionals and Parents

10. I hereby declare that I will abide by the bylaws of the Association and accept the amendments which come into force from time to time. I assure that I will work for the promotion of the aims and objectives of the Association.

Membership fees : annual Rs. 200/-, Life membership - Rs. 1000/-

Signature of member