



## PEDIATRICS RESPIRATORY SOCIETY

### (IAP Respiratory Chapter, Delhi State)

Address: 63/12, First Floor, Old Rajinder Nagar, New Delhi - 110060

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(Registered under Societies Registration Act) Reg.No. 574/2015-16)

### PRS Membership Form

Name of the Applicant:.....  
Surname First Name Middle Name

Date of Birth: .....Gender: Male\Female.....

Complete Postal Address for Communications from PRS Office: (in capital letters)


State.....Nationality.....

Telephone: Residence: .....Office: .....

Email ID:.....

S.No	Medical\Pediatric Qualification	Name of the University	Qualifying Year
1			
2			
3			

Registration Number & Registering Authority (e.g., MCI or State Medical Council): .....

Name and PRS Membership Number of the Proposer.....

.....Signature:.....

Name and PRS Membership Number of the Seconder.....

.....Signature:.....

Place and Date:

Signature of the Applicant:

Payment Details: Membership fee of Rs 1500 paid by Cash/ Net-banking/ Cheque/ Bank Draft

Cheque/Draft no .....Dated:.....Drawn on Bank:.....In the name of "Pediatrics Respiratory Society"

Net-banking to Axis bank Account No. 923010029836151 IFSC code: UTIB0003330 Transaction ID.....

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**Dr. Hema Mittal**  
Treasurer  
99710 31377

Please fill out the form and send it to:  
**Prof. Kamal Kumar Singhal, Department of Pediatrics,**  
**Lady Hardinge Medical College and Kalawati Saran Children's Hospital**  
**New Delhi - 110001**