



Membership Form

Indian Child Abuse Neglect and Child Labour Group

Nationally Registered under Society Registration Act XXI of 1860
Society Registration No. S/68745/2010

1. Name _____
(In BLOCK letters)
2. Age _____ Sex _____ Nationality _____
3. Present Designation _____
4. Office/Institutional Address _____

5. Residential Address _____

- Telephone: Office _____ Residence _____ Fax _____
- E-mail _____
6. IAP Membership No. _____
7. Qualifications _____
8. Details of work (if any) in field of child abuse, neglect, and child labour

9. Areas of interest in field of child abuse, neglect and child labour

10. List of publications (including original work, brief reports, chapters in books)
(If needed open separate sheets) _____

Place:

Date:

[Signature of Applicant]

Life Membership Fee: Rs. 1000.00 by Bank Draft / Cheque Payment drawn in favour of "ICANCL Group" Payable at Delhi. Completed application form along with Bank Draft should be sent to the Secretary, Dr. Rajeev Seth E 10, Green Park Main, New Delhi 110016, India E-mail: sethrajeev@gmail.com

Draft No _____ Dated _____ drawn on _____

For Office use only: Receipt No. _____ Dated _____ Membership No. _____