MEMBERSHIP APPLICATION FORM



PLEASE STICK YOUR PASSPORT SIZE PHOTOGRAPH

NOTE: STAPLE 1 ADDITIONAL PHOTO BY IDENTIY CARD

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| Personal Informati First Name: Middle | ion: | | | | | | | Nam | e:- | | | | | | | | | | | | |
| Last Name: | | | | | | | | |]] | Date C | of Birtl | , [| | | | | | | | | |
| Sex: Male | Female | | Medica | 1 | Nur | sing | | Bloo | d Gr | oup | Sta | ate | | | | | | | $\overline{\perp}$ | | |
| Designation: | | | | | | | | | | | | | | | | | | | | | |
| Institute Address | | | | | | | | | | | | | | | | | | | | | |
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| State | | | | | | | Pin Tel | | | | | | | | | | | | | | |
| Mailing Address | | | | | | | | | | | | | | | | | | | | | |
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| State | | | | | | | | | | Pin | | | | | | | | | | | |
| E-mail:- | | | | | | | | | | | | | | | | | | | | | |
| (MANDATORY PLEASE IMN | IEDIATEL | Y SEND | TEST N | MAIL AT | ∫ <u>bar</u> | odach | nestgr | oup@ | gma | il.com | FOR | REC | ORDIN | IG Y | OUR (| CORF | RECT | EMA | JL ID | IN R | ECORD) |
| Mobile:- | | | | | | | | | | | | | | | | | | | | | |
| Draw Cheque /DD Payab City clinic, Opp-Laxmi Bl Membership Category Ap | huvan, P pplied Fo | radhan | in favo Marg, | our of " Lakdip | BAR oul,D | ODA andiy | CHE ya Ba | ST G zar,V | ROL ado | JP " dara- | 39000 |)1 | | | | | | | | | |
| Academic degree(s) (With | dates of C | ompleti | on Univ | ersity) | | | | | | | | | | | | | | | | | |

Eligibility Certificate: -1) Xerox copy of registration with medical council of India/State Medical Council including of post Graduate

Degree/Diploma Certificate by a recognized university.

2) Post Graduate Degree / Diploma Certificate from recognized University

3)Passport size photos

| | For office use |
|--|---|
| | Receipt No. |
| | Received Date Approval Date:- Cheque/DD No./Cash Name Of Bank:- Total Amount :- Date:- |
| | Membership No. Allotted |
| I, | DECLARATION |
| Here by solemnly and sincerely declare that by me are true and correct, In case if any of cancellation of my membership. | at, to the best of my knowledge and belief, the above particulars given of the above information is found to be incorrect, it may lead to |
| Sign: | |
| Name:- | |
| | |
| Date:- | |