Powai Medicos Association

Registration No : 360841

Office : 103, Brindawan CHS Ltd, Opp IIT Main Gate, Powai, Mumbai - 400076.

Email : powaimedicosassociation@gmail.com

IMAGE HERE

MEMBERSHIP FORM

Name (In Full): Dr

Qualification: Te Council: Regn No:

Date of Birth: Correspondence: Clinic / Residence *(Mark One)*

Spouse Details: Name: Mobile:

Date of Birth Te Marriage Anniversary:

Address: Clinic: Te

Residence: Te

Contact: Clinic Phone: Te Residence Phone:

Mobile: Te E-mail:

Membership Of Other Association: Te

Special Interest: Te

I, Dr. hereby confirm that I agree to abide by the rules and regulations of the Association.

I enclose Cash / NEFT / Cheque No for Rs. Te /- drawn on Te Bank towards the Life Membership (Rs 3000/-) / Couple Membership (Rs 4500/-) / Associate Membership.

Date & Place:

Please attach the following documents with the form:
1. Colour Passport size photograph (1 no.)
2. Self-attested copy of Medical qualification & Medical Council Registration certificates
3. Cheque to be drawn in favour of **'Powai Medicos Association'**
4. NEFT Details: Powai Medicos Association, State Bank of India, Jain Mandir Rd, Powai
Current Account No: 40215393363, IFSC: SBIN0020869

Signature

FOR OFFICE USE ONLY:
Membership approved: Yes / No. If No, reason for rejection _____
Association Registration No: _____

Chairperson ***Secretary*** ***Treasurer***