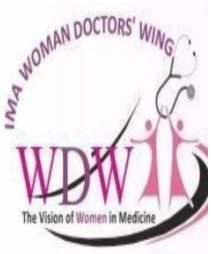


Allahabad Medical Association



Women's Doctor Wing MEMBERSHIP APPLICATION FORM Annual/Life/ Membership Application form (All details to be filled in Block Letters)



Membership Proposed by Dr.....

IMA. Membership No.....

To

The Honorary Secretary,
Allahabad Medical Association, Prayagraj,

Dear Sir/ Madam,

I hereby apply to be enrolled as a member of the Women's Wing of Allahabad Medical Association as

Life/Annual/ Associate member

NAME IN BLOCK LETTERS: _____

Father's/ Husband's Name: _____ Date of Birth ____ ____ ____

Spouses details (For Associate Member): _____

Address (Permanent/ Correspondence): _____

Clinic/Hospital Address: _____

Mobile No. _____ Tel. (R) _____ Tel. (Clinic/ Hospital) _____

Email ID. _____

QUALIFICATION : _____

Place :

Date :

Applicant Name :

Signature:

N.B. Please submit: Photo ID: Adhar/Driving License.

