

NATIONAL INTEGRATED MEDICAL ASSOCIATION
(DISST. GURGAON)
(REGD).

Membership Form

S.No: _____

DATE: _____

Name: Dr. _____

Father's/Husband's Name: _____

Address (C): _____

(R): _____

Qualification: _____

Name of College from which degree obtained: _____

Registration No: _____

Place of Registration: _____

Contact No: _____

Email Id: _____

Membership Fee: _____

- Documents to be attached:
- a) Photocopy of Degree
 - b) Photocopy of Registration
 - c) 5 colored passport size photos

Signature of Applicant

For office use

Membership Fee: _____

President

Secretary

Cashier