

ASSOCIATION OF MEDICAL WOMEN IN INDIA

FORM OF MEMBERSHIP

Full Name: _____

Residential Address:

Clinic Address:

Pin Code: _____

Pin Code: _____

Phone Numbers:

Residence: _____

Clinic: _____

Mobile: _____

Date of Birth: ____ / ____ / ____

Marriage Anniversary: _____

Qualifications

Year

Medical College

Present Appointments:

Kindly fill in this form and return to Dr. Kiran Kukreja (President, AMWI) (HQ: 99 Bharat Nagar, New Friends Colony, New Delhi - 110065, PH - 011-26311113, 26842224)

To be filled in by Office Bearers

Received Rs. 3,000/- (Rupees three thousand only), from Dr. _____

by cash / cheque no. _____ dated ____ / ____ / ____ drawn at _____

Receipt No. _____