

# REGISTRATION FORM

Dear Sir, I request you to kindly enroll me/our Institution/Organization/Company/Laboratory/Clinic/Contract research organization as Life/Student member of AIMDDA. I am providing the particulars here under-

NAME IN FULL : .....

QUALIFICATIONS : .....

Medical council registration number, Date & council : .....

DESIGNATION : .....

Contact Numbers (please indicate – landline, cell, fax)

E-Mail (mandatory) : .....

AREAS AND FIELDS OF WORK /INTEREST : .....

OFFICE/RESIDENTIAL ADDRESS : .....

I am enclosing a crossed cheque/demand draft with Serial No.....  
of Bank..... Place..... Dated.....  
In favor of 'ALL INDIA MD DOCTOR'S ASSOCIATION ' for Rs200/3000/15000/-. Yours truly,

Signature with name in capitals. (For institutional membership, give your designation) and Date

Membership: Individual Membership Yearly Rs 200 or Life membership Rs.3000/- Institutional Life Membership -----Rs. 15000.00 For all Clarifications call the secretary or Email : secretary@aimdda.org or aimddoctorsassociation@yahoo.com, and see posts at at aimddoctorsassociation yahoo group at yahogroups.com, posted by Dr Srinivas R Deshpande Secretary AIMDDA, Associate Prof In Biochemistry Melmarvathur AdiParashakti Institute Of Medical Sciences, Melmarvathur, Chennai