

ASSOCIATION OF HEALTH SERVICE DOCTORS WEST BENGAL

Registration No. : S/53390 of 1986—'87

Central Association Office : Ground Floor, Pathology Building, N.R.S.M.C. & Hospital

Postal Address : Post Bag No. 16408, Kolkata - 20, Phone : 2249-3906, 2265-4272, Fax : 2265-4272, E-mail : ahsdwb@mantramail.com

Application for Membership

TO BE FILLED IN DUPLICATETo
The Secretary,
AHSD, W.B.

Dear Sir,

I wish to join the Association of Health Service Doctors, West Bengal as Full Member (Annual/Life) / Associate Member. I tender here with the sum of Rs. in cash / cheque.

I shall abide by the rules and regulations of Association of Health Service Doctors, West Bengal.

Yours faithfully,

Date :

Signature of the Applicant

ASSOCIATION OF THE HEALTH SERVICE DOCTORS, WEST BENGAL (USE BLOCK LETTERS)

MEMBERSHIP RECORD :	BRANCH :
1. MEDICAL COUNCIL REGISTRATION NO. :	
2. FULL NAME :	
3. DATE OF BIRTH :	SEX : M / F
4. MEMBERSHIP STATUS : LIFE / ANNUAL / ASSOCIATE	
5. DATE OF JOINING	(AD-HOC / CONTRACT) :
	(PSC) :
	(REGULARISED OTHERWAY) :
6. DESIGNATION :	(A) POST :
	(B) DEPT. :
	(C) INSTITUTE :
7. PRESENT ADDRESS	:
	PIN :
8. PERMANENT ADDRESS	:
	PIN :
9. SPOUSE	: (A) NAME
(If in WBHS/MES/Other (B) PLACE OF POSTING	
State Govt. Service)	

OFFICIAL USE ONLY

Forwarded to the General Secretary, A.H.S.D., W.B.

Receipt No. of the Subscription Paid Date

Date :

Signature of the Branch Secretary

Accepted as Member at E.C. Meeting on

Date :

Signature of General Secretary
A.H.S.D., W.B.