



ALL INDIA PRE AND PARA CLINICAL MEDICOS ASSOCIATION

OFFICE : 17-E 261, Chopasani Housing Board, Jodhpur-342008 (Raj.) India

Email: aipcma2017@gmail.com, medicaljustic@gmail.com

Name (block letters) DR. _____

Age _____ Sex _____ Date of Birth _____

Designation _____

Institute _____

Permanent Address _____

PIN _____

Mailing Address (if different) _____

PIN _____

Reg. No./Med. council MBBS: _____ MD (subject) _____

Tel.No: _____ Resi: _____ Mobile: _____ Fax: _____

E-mail: _____

Recent passport size color photo

Please paste it.

Don't staple

Subscription

Life member: ₹ 5,000/-

Money Transfer Details:

For Online transfer:

Name of Account: All India Pre and Para clinical Medicos Association

A/C NO.: 37342796010 IFS CODE: SBIN0032405 (Kudi Bhagtasni, Jodhpur) MICR-342002090

CBS/At Par cheques / Demand Drafts (DD) the name of "**All India Pre and Para Clinical Medicos Association**" payable at Jodhpur

Mode of money transaction done	Online transfer receipt no./ DD No.	Drawn on bank	Dated
ONLINE			
DD			
CASH			

Undertaking by the Applicant

All the information given herewith by me is true to the best of my knowledge and in case of any discrepancies I will be liable to actions as per rules of association. I will abide by the rules and regulations of All India Pre And Para Clinical Medicos Association.

Date: _____

Signature _____

Membership number (for office use) : _____

Authorized signatory (For office use) _____

All India Pre And Para Clinical Medicos Association.

Acknowledgement of payment

Received Rs. _____ only, from Dr. _____ on dated ____/____/____ as membership fees.

Membership no. _____ Authorized signatory (For office use) _____