

स्वास्थ्य सेवा!

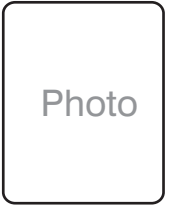
राष्ट्र सेवा!



Application for Membership

NATIONAL MEDICOS ORGANISATION

(Regd. under Societies Registration Act. 1860 R.N. 21/87-88)



(Please fill in BLOCK LETTERS)

Name :

Date of birth : Blood Group :

Date Month Year

Qualifications :

Institution/ :

Place of Work :

Permanent Address :

State : Pin Code :

Mailing Address :

State : Pin Code :

Telephone : STD Code : Fax :

Clinic / Hospital : Residence :

Mobile Nos. :

E-mails :

Graduation : Year of Admission :

College :

Post Graduation : Year of Admission : Speciality :

Institution / College :

Medical / Dental / Council : Registration No.

I agree to abide by the rules / regulation of NMO and work for aims and objectives of NMO.

Date : Signature of Applicant

Proposed by: Seconded by :

Name : Name :

Signature : Signature :

MEMBERSHIP FEE

Students : Rs. 200/- (Upto final Year) Doctors : Rs. 1500/- (Internship Onwards) Couple Doctors Rs. 2500/-

Completed Forms to be sent to:-

National Medicos Organisation, 13, Bhai Veer singh Marg (Opposite Petrol Pump), Gole Market, New Delhi - 110001

Phone/Fax : 011-23742335, E-mail : centralofficenmo@gmail.com Website : www.nmoindia.com

FOR OFFICE USE ONLY

Membership No. : Payment :

Unit : Date :

State : Cheque / D/D :

Receipt No. :