

# ASSOCIATION OF MD PHYSICIANS (AMD)





Head Office of AMD: Pulikkal PO, Malappuram - 673637. Kerala, India

Ph: +91 85939 75763 www.amdindia.org office@amdindia.org

## Be a Life Member

### **Eligibility**:

- 1. MD Physician degree.
- 2. Life Membership application to be filled and submitted to the Head Office.
- 3. Life Membership Payment ₹2500/- (one time).

#### Bank details:

Name of Account : Association of MD Physicians

Account Number : 201003648637 IFSC : INDB0000885

Branch : JAWAHAR NAGAR, KADAVANTARA KOCHI, INDUSIND BANK LTD

4. All documents (1, 2 & 3) to be submitted to the head office by email: office@amdindia.org and billing@amdindia.org

5. Head office staff will contact you by email or Whatsapp and will issue the payment receipt and Life Membership Certificate.

If any further queries please contact

Mrs Rehana Sheikh: +91 85939 75763

during office hours: 9am -5pm Monday - Saturday.



Pulikkal PO, Malappuram - 673637 Kerala, India Ph: +91 85939 75763 www.amdindia.org office@amdindia.org

## **MEMBERSHIP FORM 2019**

1. First Name	)												
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Middle Name			IV	Last	name	17					<u> </u>	<u>I</u>	
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6. Training co	ourse done in Me	edicine (if an	y)										
Institution		Period				Type of training/ course							
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(Please enclose Photostat or self-certified copies of certificates in support of 5 & 6)

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Details of nu	blications (if any)		
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Research w	ork in the field of Medicine (	if any)	
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PHYSICIANS (AMD ASSOCIATION OF

Please complete two copies of this form with required enclosure as indicated under respective items and send to **Head Office Association of MD Physicians** - with a Demand <u>Draft issued in favour of the</u> **Association of MD Physicians** " payable at Kochi for the amount.

Corporate	Life	Academic	Patrons	International
Members	Members	Members	Members	Academic
₹ 100000/-	₹ 2500/	₹ 2500/	FREE	\$50USD
(one time)	(one time)	(one time)		(one time)

Send completed application with DD or Cheque to address below or pay online

### **Association of MD Physicians**

"Head Office", Pulikkal PO, PIN 673637, Malappuram District

Kerala, India, mai<mark>l: office@a</mark>mdindia.org

Website: www.amdindia.org Mob. No: +91 85939 75763

For office use only

Date of receipt of application

Recommendation from the Credential Committee:

Date of completion of the procedural formalities:

Date of Executive Committee meeting:

Accepted:

Not accepted (mention reason)

Signature of the Secretary

Signature of the President