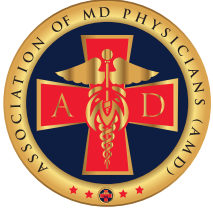




ASSOCIATION OF MD PHYSICIANS (AMD)



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

Ph: +91 85939 75763

[www.amdindia.org](http://www.amdindia.org)

[office@amdindia.org](mailto: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](mailto:office@amdindia.org) and

[billing@amdindia.org](mailto: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.

ASSOCIATION OF MD PHYSICIANS (AMD)



7. Membership with other societies (specify)

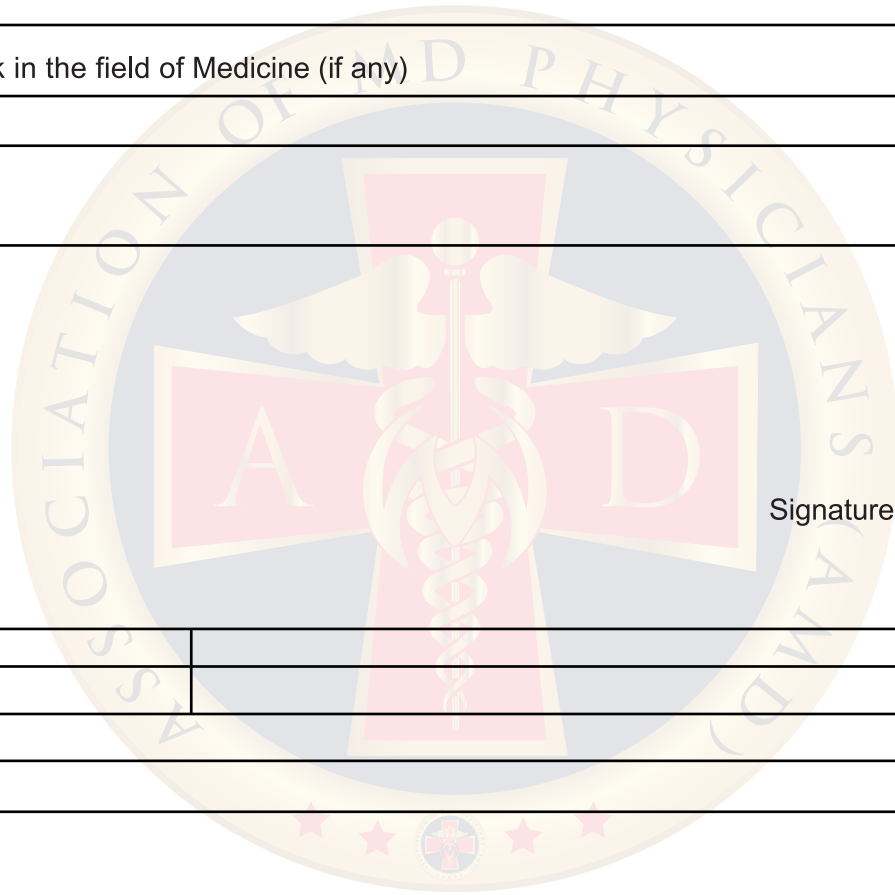

8. Details of publications (if any)


9. Research work in the field of Medicine (if any)


Date:

Signature of the Applicant

Proposed by:	
Address	



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 Draft issued in favour of the Association of MD Physicians " payable at Kochi for the amount .

<b>Corporate Members</b>	<b>Life Members</b>	<b>Academic Members</b>	<b>Patrons Members</b>	<b>International Academic</b>
₹ 100000/- (one time)	₹ 2500/ (one time)	₹ 2500/ (one time)	FREE	\$50USD (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, mail: [office@amdindia.org](mailto:office@amdindia.org)  
Website : [www.amdindia.org](http://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