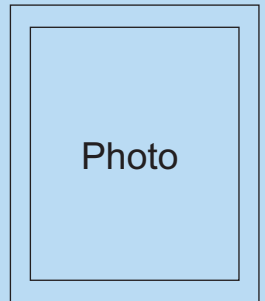




MIRIK HEALTHFOODS PVT. LTD.

1110, Surya Kiran Building, 19, Kasturba Gandhi Marg,
New Delhi-110001 Phone : 91-011-45188100 (10 Lines),
011-45188110 (10 Lines), 011-45188120 (10 Lines)
Helpline Phone No. : 011-45188121
Fax : 011-23356901 E-mail : mirik16a@yahoo.com



MEMBERSHIP REGISTRATION FORM

Membership Date

Date Month Year

State :
Code :

I hereby Voluntarily agree to be a member of **Mirik Healthfoods Pvt. Ltd.** and I am depositing Rs.....for years as per details given below towards the expenses to be incurred on Professional Indemnity Insurance coverage, as provided under the policy and scheme of **Mirik Healthfoods Pvt. Ltd.**

Amount	D/D or A/C Payee Cheque No.	Date	Bank	Drawn

Particulars :

Full Name

Father's / Husband Name :

Qualification

Specialities

Address : Clinic/Hospital/Nursing Home

Address : Residence

Telephone No. Clinic/Residence

Mobile :

E-mail

Date of Birth

Marriage Anniversary

Medical Registration No.

Year

Date of Clinic Opening

Other Particulars (If any)

I also hereby declare that I have fully understood the policy / scheme and shall abide by the rules and regulations of Mirik Healthfoods Pvt. Ltd. In case of non-payment in full in time, the Mirik Healthfoods Pvt. Ltd. will have the right to forfeit the amount deposited by me. I have no objection to publish my photograph in D.M.A. / I.M.A. Bulletin or in any News Media for the Interest of my own or for the organisation.

Signature of Doctor Member

Signature of Executive

Note : Subject to terms & conditions mentioned overleaf

Terms and Conditions

1. Doctor should be registered with Medical Council of India or any other Government Councils.
2. Doctor should have a Medical Registration Number.
3. Doctor should be a member of IMA/NIMA or any other Doctor Association.
4. Doctor should have a Registration Certificate of Hospital / Nursing Home.
5. Membership subject to realisation of Cheque/D.D.