

MEDICAL AND SURGICAL UPDATE SOCIETY

Registered under "BOMBAY SOCIETY ACT 1950" Registration no. MAH/10
4/2017



APPLICATION FOR MEMBERSHIP

C/o Shishu Hospital, Sarai ward, Chandrapur – 442401 Maharashtra
E-mail: msusociety@gmail.com,
Website: www.msusociety.com

Name (CAPITAL LETTERS) _____

Father's/Husband's Name _____

Date of Birth _____ Age _____ Yrs. Sex: M/F _____

ATTACH RECENT
PHOTO

Qualifications (attach proof)*	Year	Institution

Name of Medical Council of Registration _____

Registration No.* (**attach copy**) _____ Date of Registration _____

Area of Specialization _____ Designation _____

Mailing address _____

_____ City _____ PIN _____

Tel. Nos. _____ Mobile No. _____

E-mail id: _____

Permanent address _____ **Hospital/Institution/Clinic address** _____

Tel. Nos. _____ Tel. Nos. _____

Nature of Payment (Cash/ Multi city cheque/DD)

Amount _____ Cheque/DD No. _____ Drawn on _____

Date _____

Enclosures: Certified copies of (i) MBBS, (ii) PG Degree if available (iii) Registration of State Medical Council, (iv) Two recent passport size photographs and (v) DD/Multi city Cheque of Subscription.

DECLARATION

I, (Full Name) _____ am desirous of being enrolled as Life time member of 'Medical and Surgical Update Society' and agree, if enrolled, abide by the Rules & Bye-laws of the Association now existing or such Rules and Bye-Laws which may hereinafter be made or altered.

If at any time, my this statement is found to be incorrect, my membership, if granted will be liable to be cancelled and the subscription paid by me may be forfeited by the Association.

Date : _____

Place: _____

Signature of the Applicant

Membership Subscription

Life Member/Provisional Life : Rs 2,000.00
Member Subscription