MEWAR FORENSINC MEDICINE SOCIETY, UDAIPUR

Reg. no. COOP/2023/UDAIPUR/203039

APPLICATION FORM FOR LIFE MEMBERSHIP

Recent passport size photograph
Two extra copies to be submitted along with form

Respected Sir,

I want to become a Life Member of the Mewar Forensic Medicine Society. I have gone through the rules and regulations of the Academy and I agree to abide by them. I furnish the necessary particulars.
Kindly enroll me as a member and oblige.

Particulars to be filled in by the Applicant

Name in block letters	
Date of Birth	
Father's / Husband's name	
Educational qualification (with name of the University and date of passing)	
Registration No. with date and Name of the council	
Permanent address	
Present/ correspondence address	
Mobile (whatsapp)No.:	
Alternate Mobile No.:	
E-mail:	
Aadhaar number (will be kept confidential)	
Present position in the profession	
MEMBERSHIP FEES PAID BY CASH / DD/ UPI (Tick one)	
Transaction details/Id for payment of fees	

Name and Signature of applicant

Proposed by:
Name :
LM No.
Signature:

Name:
LM No.
Signature:

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FOR USE OF MFMS

Membership accepted / Not accepted:

Date:

President **Secretary** **Treasurer**