



# BENGAL DIABETES FOUNDATION INDIA

## **LIFE MEMBERSHIP APPLICATION FORM**

To,  
The Honorary Secretary  
BDF India

Name (in BLOCK LETTERS): .....

Date of Birth: .....

Field of Practice: .....

Medical Council Number: .....

Qualifications: .....

University/Institution: .....

Year of Obtaining Qualification: .....

Address: .....

PIN: .....

Telephone (Office): .....

Telephone (Residence): .....

Mobile: .....

Email: .....

I, therefore, request to register myself as a **LIFE MEMBER** of  
***"Bengal Diabetes Foundation"***.

To the best of my knowledge and belief, the above particulars are correct,  
and up to the date.

I agree to become a member and, if registered, to abide by the Rules and  
Regulations of the Association.

*Signature of the applicant*.....

*Signature of Secretary*:.....

**NOTE:**

- Xerox copies of certificates of registration with medical council/postgraduation from a recognized university must accompany the application form.
- Payment should be made through the Bank Draft/Cheque as mentioned.

**Bank Details**

**The cheque to be drawn in favour of  
“Bengal Diabetes Foundation”**

Account No. - 0450010178952

IFSC CODE – PUNB004502

PAN No. – AACTB0106A

Thanking You