

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