

ASSOCIATION OF CHEST PHYSICIANS (West Bengal)

Registration No. S/88667 of 97-98

IMA HOUSE, BENGAL STATE BRANCH

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MEMBERSHIP FORM

I wish to be a Life Member / Associate Life Member of Association of Chest Physicians (West Bengal)

(Strike out those not applicable)

Name _____

Address :

Permanent _____

Present _____

Phones Resi. _____ Mobile _____

Email _____

Date of Birth _____

Medical Council of India / State Medical Council

Registration No. : _____

	Qualification	Year
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Present Attachments:

I am submitting Cash / Draft / Cheque of Rs.....

In favor of "Association of Chest Physicians (West Bengal)"

(for outstation cheque add Rs. 50/- extra)

Signature

Date :.....

Accepted / Not Accepted

Sig. of President / Gen Secretary