

CHHATTISGARH ASSOCIATION OF MEDICAL MICROBIOLOGY

(Government of Chhattisgarh Society Registration No. 6268/ 19.10.2016)

To,

The President
CAMM
Chhattisgarh State

Application for Membership: Patron () Life Member () Annual Member () (Please tick any one)

To be filled in Capital Letters

I, _____, wish to become a member of CAMM and under take to abide by the terms & conditions of the association. My personal & professional particulars are as follows.

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

Qualification	Degree	Year	University
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Designation : _____

Official Address: _____

Residential Address: _____

Mobile : _____ E-mail: _____

Aadhaar Card No. : _____ CGMC Registration No. _____

Payment Particulars (Cash /Bank Transfer Details) :

Account Name : _____ Account Number : _____ Name of Bank : _____

IFSC Code : _____ NEFT Transfer ID : _____ Dated : _____

Drawee Bank & branch : _____ Acct no: _____ Amount _____

DD/ Cheque Details : No. _____ Dated _____ Drawee Bank & Branch : _____

Amount _____ In favor of : _____ At: _____

Office Address:

Dr. Sanchita Nihal

Secretary-CAMM

Consultant Microbiologist

Nihal Clinic, New Shanti Nagar, Raipur (C.G.)

Mobile No.: 84358-02844 E.mail: sanchitanihal@gmail.com

(Signature of applicant): _____

Place: _____

Date : _____

Please attach a passport size Photograph, a copy of all degree certificates & Aadhaar Card with this form. If you do an NEFT transfer please send a scanned copy of your registration form before posting.