

# ASSOCIATION OF HEALTH SERVICE DOCTORS WEST BENGAL

Registration No: SO053390 of 1986 - '87

Central Association Office: 91, Raja Dinendra Street, Kolkata - 700 006

Phone: 89103 82889 / 99034 62061; Email: ahsdwb@gmail.com; Website: ahsdwb.org.in



## Membership Form

IN BLOCK LETTERS

1.	Full Name:.....
2.	Medical Council Registration No.: .....
3.	Mobile No..... (Whatsapp, if possible) Email:.....
4.	Date of Birth ..... Sex: M / F
5.	Date of Joining: (Ad-Hoc / Contract): (PSC): (Regularised Otherway):
6.	Designation: (A) Post: (B) Dept: (C) Institute/Hospital :
7.	Present Address : ..... .....Pin .....
8.	Permanent Address : ..... .....Pin .....
9.	Spouse : (A) Name (if in WBHS/MES/Other State Govt. Service) : (B) Place of Posting

### Payment Details

Paid Rupees ..... by Cash / Cheque / DD  
No. ....Date.....Bank .....

Signature of the Applicant

### Office Use only

Forwarded to the General Secretary, AHSD, WB

Receipt No. of the Subscription Paid ..... Date: .....

Date:.....

Signature of the Branch Secretary

Accepted as Annual/Life/Associate Member at E.C. Meeting on .....

Date:.....

Signature of the General Secretary  
AHSD, WB