

BOMBAY NURSING HOMES ASSOCIATION

www.bnha.in

P.T.R. No. – F-4517

NEW MEMBERSHIP ENROLMENT FORM

Date:- _____

The Hon. Secretary
Bombay Nursing Home Association
C/O. 101, Mangal Murti CHS, Off S.K Bole Road, Agar Bazaar
Near Raheja Princess, Dadar (W), Mumbai-400 028.
Tel: 2421 1555 / 2421 2555 Fax: 2421 3555
Email: docmrg@rocketmail.com

Dear Sir,

Please enroll me as a Life Member / Patron of the Bombay Nursing Homes Association. I am sending herewith my membership fee of Rs. 4000/- and Entrance fee Rs.100/- + Legal fund Rs.500/- (Total 4600/=) by cheque in the name of “Bombay Nursing Home Association”. I have read the rules and regulations of the association and I agree to abide by the same.

Yours faithfully,

(_____)

Surname _____ Name _____ M. Name _____
Age _____ Sex _____ Blood Group _____ DOB _____
MAHARASHTRA MEDICAL COUNCIL NO. _____ QUALIFICATIONS _____
RESIDENTIAL ADDRESS _____
Tel. No. _____
NAME & ADDRESS OF THE HOSPITAL _____

TEL NO: _____ FAX NO: _____
MOBILE NO _____
BMC WARD: _____
HOSPITAL SPECIALISED IN _____
NO.OF BEDS _____
EMAIL ID _____ WEBSITE _____
MAILING ADDRESS: RESIDENTIAL / HOSPITAL [Tick () whichever is applicable]
For Office Use only:
PROPOSED BY: NAME _____
SIGNATURE _____
SECONDED BY: NAME _____
SIGNATURE _____

Elected as a life Member / Patron Member of the association with effect
from _____

Enclosures required: 1. MMC Registration Certificate
2. BMC Registration Certificate - “C” Form

PRESIDENT - BNHA

Bank Details :

Account Name : Bombay Nursing Homes Association, Account Number: 004100100008993, IFSC Code: NKGS0000004,
Account Type: Current, Bank Name: NKGSB, Bank Branch: Mahim Branch, Mumbai