

BOMBAY NURSING HOMES ASSOCIATION

www.bnha.in

P.T.R. No. – F-4517

NEW MEMBERSHIP ENROLMENT FORM – 1.6.2024

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 enrol me as a Life Member of the Bombay Nursing Homes Association. I am sending here with my membership fee Total 10,000/= (Rs.9, 000/= Membership fee + Rs.100/= Entrance fee + Rs.900/= Legal fund) By Cheque in the name of “Bombay Nursing Homes Association”. I have read the rules and regulations of the association and I agree to abide by the same.

Yours faithfully,

(Signature of Member)

SURNAME _____ Name _____ M.Name _____
Age _____ Sex _____ Blood Group _____ DOB _____
MAHARASHTRA MEDICAL COUNCIL NO. _____ QUALIFICATIONS _____

NAME & ADDRESS OF THE HOSPITAL

TEL NO: _____
MOBILE NO: _____
EMAIL: _____ WEBSITE: _____

BMC WARD: _____
HOSPITAL SPECIALISED IN _____
NO.OF BEDS _____

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 of Doctor
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

**BOMBAY NURSING HOMES
ASSOCIATION**



004100100008993@NKGS0000004.ifsc.npci

Scan and pay with any BHIM UPI app

