



ASSOCIATION OF MEDICAL CONSULTANTS (MUMBAI)

Societies Regn. Act XXI of 1860 Regn. No. BOM-454/81 GBBCD
Public Trust Act. 1950, Regn. No. F - 7373 Bom.
Main Office: 4, Ganpati Niwas, Old Police Line,
Andheri (East), Mumbai 400 069.
Tel: 2683 6019 / 2684 4639 / 2682 1109
E-mail: amcmumbai@gmail.com Website: www.amcmumbai.com



ENROLMENT FORM

(For Office Use Only)
MEMBERSHIP NO.

Name Dr. _____
NAME FATHER'S / HUSBAND'S NAME SURNAME

Qualifications _____ Specialty _____

Medical Council Reg. No. _____ State _____

Date of Birth _____ Marriage Date _____ Blood Group _____

Residential Address: _____
_____ Pincode _____

Consulting Address: _____
_____ Pincode _____

Contact No.

Residence _____ Consulting _____ Mobile _____

E-mail _____

MEMBERSHIP: ASSOCIATE / LIFE / JT. LIFE

(Please enclose xerox copies of **Required Documents**) ★

Proposed by (Name) Dr. _____ Signature _____

I would like to receive my Courier at Residence / Consulting Room

Declaration: I am practicing exclusively as a consultant.

Date: _____ Signature of Applicant: _____

★ DOCUMENTS REQUIRED FOR MEMBERSHIP APPROVAL

- 1) Two Passport size (3x4) Photographs with white background.
- 2) Application form duly filled in completely.
- 3) M.B.B.S Certificate.
- 4) Post Graduate Certificate.
- 5) MMC Registration Certificate, Additional Qualification Certificate, MMC Renewal.
- 6) Marriage Certificate for Joint Life Membership or Change in Name.

Name of Agent

VASANT SAKPAL

For Office use only:

Scrutinized and Approved by Dr. _____ Signature _____

President

Hon. Secretary

MEMBERSHIP SUBSCRIPTION FEES

Life Membership RS. 8000 + 18% GST = Rs. 9440/-
Jt.Life Membership RS.12000 + 18% GST = Rs.14160/-

Associate Life Membership RS. 8000 + 18% GST = Rs. 9440/
Associate Jt.Life Membership RS.12000 + 18% GST = Rs.14160/-

CHEQUE TO BE DRAWN IN FAVOUR OF
“ASSOCIATION OF MEDICAL CONSULTANTS, MUMBAI”

AMC SCHEMES

- ✍ Professional Indemnity
- ✍ Network of AMC Hospitals (AMC NoAH)
- ✍ Consultants Benevolent Scheme
- ✍ Health & Accident
- ✍ Topline (Emergency Response Service)
- ✍ Car Insurance

For Office use only:

AFTER APPROVAL OF MEMBERSHIP

- Signature of President
- Signature of Hon. Secretary
- Managing Committee Approval
- Thanking Letter & Receipt
- I.D. Card

Paid Rs. _____ Cheque No. _____ Date _____

Bank _____ Branch _____

Sent to Bank on _____ Receipt No. _____ Date _____

Membership Approved by Managing Committee on _____