



MEMBERSHIP APPLICATION FORM

To

The Chairman
 Healthcare Infrastructure Development Centre
 908, Hemkunt Chambers
 89, Nehru Place
 New Delhi – 110 019

Dear Sir / Madam

I / We desire to be enrolled as Professional/ Corporate / Permanent Member of the Healthcare Infrastructure Development Centre.

I / We have read the Rules and Regulations of your Council and agree to abide by the same. Please find herewith a Banker’s Cheque / Draft No. _____ dated _____ drawn on _____ (payable at Delhi) for an amount of Rupees _____ being the entrance fee and annual subscription for one year / permanent membership fee including entrance fee.

I / We hereby declare that the particulars given in the application are true and correct to the best of my knowledge and belief.

Yours faithfully

Name : _____
 Date : _____ Designation : _____
 Place : _____ Address : _____

* CURRENT RATES		
Professional Member	: Joining Rs.15,000/-	Annual Rs.15,000/-
Corporate Member	: Joining Rs.75,000/-	Annual Rs.75,000/-
Permanent Members	: Ten times annual subscription plus entrance fee	
PLUS – GST @18%		

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Eligibility Category : _____
 Correct Filled application received on : _____
 Amount received Rs. _____ Receipt No. _____ Date: _____
 Accepted by the Board of Governors at meeting held on: _____ at (place): _____

PARTICULARS OF THE ORGANISATION

(Note: Please type or fill below in CAPITAL letters. Attach separate sheets wherever required)

1. Name and full Address of the Professional/ Organisation:

Telephone Number(s):

Fax Numbers(s):

2. Healthcare related specialty(ies) of the Professional/ Organisation:

3. In case of Organisation, Name, Designation and Address of the Nominees duly authorised to attend vote at the General Meetings (Chief Executive / Head of Division concerned with Healthcare).

Name of Nominee:

Designation:

Address:

Telephone(Office):

(Residence):

Fax (Office)

(Residence):

Alternate Nominee:

Designation:

Address:

Telephone(Office):

(Residence):

Fax (Office)

(Residence):

4. A brief about the Organisation:

a) Year of commencement of business:

b) Type of Concern:

Govt. Dept./ Institution / PSU / Proprietary /
Public / Private Ltd. Company / Others (please
specify)

c) Capital Structure:

Rupees Lakhs

Authorised:

Issued:

Subscribed:

Paid-up:

5. We attach herewith the Annual Report / Audited Statement of Accounts and Balance Sheets of the Organisation for the past two years.