

QMed Knowledge Foundation Membership for PG Students



Application Form

For Office Use

Membership No	Valid Until
---------------	-------------

First Name: _____ Last Name: _____

Qualification: _____ Specialization: _____

Personal Address: _____ Organization's address: _____

_____ Pin: _____

E-Mail: _____

Mobile No: _____ Phone: _____

I wish to take a membership. I am enclosing a Cheque payable to "**Quality Medical Knowledge Foundation**" for:

Rs. 1500 for 3 years

Rs. 1100 for 2 years

Rs. 600 for 1 year

Details of Cheque

Bank	Cheque No	Cheque date	Amount

I have gone through the membership details and know my entitlements.

I am enclosing a letter from our HOD as proof of studentship

I wish to receive literature searches and articles at the following email address

Signature: _____

Date: _____

Application form to be sent to

QMed Knowledge Foundation

A-3, Shubham Centre, Cardinal Gracious Road,

Chakala, Andheri East, Mumbai 400099

Ph: 40054474/75

E-mail: info@qmeddkf.org.in Website: www.qmedkf.org.in