

# QMed Knowledge Foundation Membership for Doctors



## Application Form

For Office Use

Membership No	Valid Until
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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Qualification: \_\_\_\_\_ Specialization: \_\_\_\_\_

Personal Address: \_\_\_\_\_ Organization's address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Pin: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Office E-mail: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Phone: \_\_\_\_\_

I wish to take the All-in-One membership (Rs. 2700/-) / Articles only membership (Rs. 2200/- OR Rs. 1100/-) and am enclosing a Cheque for Rs \_\_\_\_\_ payable to "**Quality Medical Knowledge Foundation**".

### Details of Cheque

Bank	Cheque No	Cheque date	Amount

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

I wish to receive articles, literature searches and monthly alerts at my

Personal E-mail Address  Office E-mail 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@qmedkf.org.in](mailto:info@qmedkf.org.in) Website: [www.qmedkf.org.in](http://www.qmedkf.org.in)