

QMed Knowledge Foundation Membership for PG /UG Students



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: _____ Pin: _____

E-Mail: _____

Mobile No: _____ Phone: _____

I wish to take the Thesis membership (Rs 1500/-) / Research project membership (Rs 500/-) and am enclosing a Cheque/Demand draft for Rs _____ .

Payment should be made by cash, on-par cheque or demand draft in favour of **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 am enclosing a letter from our HOD as proof of studentship

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 Website: www.qmedkf.org.in