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: 302, The Summit Business Park Premises Chsl,
Opp. PVR Cinema, Andheri (East), Mumbai – 40093
Tel: 26844639 / 26821109 / 49765332 / 43472058 **Mobile:** 9867450066
E-mail: membership@amcmumbai.org **Website:** www.amcmumbai.org

MEMBERSHIP FORM

Name* Dr. _____
NAME FATHERS / HUSBANDS NAME SURNAME

Qualifications* _____ Specialty *_____

Medical Council Reg. No.*_____MMC Validity Date:* _____ State* _____

Date of Birth*_____ Marriage Date _____ Blood Group* _____
*For Joint Membership

Residential Address:* _____

_____ Pincode* _____

Consulting Address: _____

_____ Pincode _____

*I would like to receive my Courier at:
Residence ○ Consulting Room ○

Contact No.

Residence _____ Consulting _____ Mobile*_____

E-mail* _____

Proposed by (Name) **Dr.**_____ Signature _____

Date*: _____ Signature of Applicant*: _____

MEMBERSHIP APPLIED FOR:

☐ 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/-

For Office use only:

Receipt No. _____ **Date :** _____ **Membership No.** _____

Date of Joining: _____

Scrutinized and Approved by **Dr.**_____Signature _____Date_____

_____ _____
President Hon. Secretary

*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) Additional Qualification (Post Graduate) university Certificate.
5) MMC Registration Certificate.
6) Additional Qualification MMC Certificate.
7) MMC Renewal (Please submit your MMC Renewal Certificate every Five years).
8) Marriage Certificate for Joint Life Membership or Change in Name.
9) Proof of Address (Aadhar Card).
10) Proof of Payment.

DO YOU WANT TO ENROLL FOR AMC SCHEMES

- ☐ **Professional Indemnity**
- ☐ **Error & Omission**
- ☐ **Health & Accident**
- ☐ **Consultants Benevolent Scheme**
- ☐ **Car Insurance**
- ☐ **Financial OPD**
- ☐ **Network of AMC Hospitals (AMC NoAH)**

*PAYMENT DETAILS :

Payment Debit: Cheque/DD ☐ NEFT ☐ Online Payment ☐

Paid Rs. _____ Cheque No._____ Date_____

Bank _____ Branch_____

Receipt No._____ Date_____

CHEQUE TO BE DRAWN IN FAVOUR OF

"ASSOCIATION OF MEDICAL CONSULTANTS, MUMBAI"

Net Banking Details:

ACCOUNT NAME: ASSOCIATION OF MEDICAL CONSULTANTS MUMBAI

ACCOUNT NO: 37486042910

BANK NAME: STATE BANK OF INDIA

BRANCH NAME: ANDHERI EAST

IFSC CODE: SBIN0000539

ACCOUNT TYPE: CURRENT ACCOUNT