



ASSOCIATION OF MEDICAL CONSULTANTS (MUMBAI)

4, Ganpati Niwas, Old Police Lane, Opp. Andheri Stn. (East), Mumbai - 400 069.

Tel: 2683 6019 Telefax: 2682 1109 Email: amcmumbai@gmail.com Website: www.amcmumbai.com

APPLICATION FORM

CONSULTANTS BENEVOLENT SCHEME

Date of Application _____

CBS No.

Name : _____
Surname Name Middle Name

DOB : ___ / ___ / ___
Date Month Year

Valid proof of DOB: _____
(Please attach Xerox copy)

L.M. No. : _____ Affiliate No. _____

If Associate Member (Name of the affiliated branch of AMC) _____

If Additional Spouse member (Name of the member spouse) _____

Address Permanent : _____

Address Mailing : _____

Telephone : _____ / _____ / _____ / _____
Residence Residence Office Office

Cell phone No. : _____ / _____

Email: _____ Alternate e-mail id : _____ Website _____

Name of the Heir / Nominee _____ only and /or : _____

Age of the Heir / Nominee : 1) _____ 2) _____

Address of the Heir / Nominee at : _____

(Benefit amount will be paid to first nominee by cheque.)

FEES	Payable (Rs.)	Paid (Rs.)
a) Annual Fee	400/-	400/-
b) Advance Benevolent Contribution	6000/-	6000/-
c) Associate Spouse member (When applicable)	1000/-	
d) Admission Fee (see table on next page)	_____	_____
TOTAL ...	_____	_____

Paid by Cheque No. : _____ Dt. : _____ Drawn on : _____

_____ Branch : _____ Amt. Rs. : _____

Amount in Words : _____

