FORM FOR NoAH-AMC

(1) <u>Details of the member</u>	Passport size photo of the member
Name: Dr (Mr/Mrs/Ms)	
(Middle name) (Surname)	
Date of Birth:AMC membership	No:
Residential Address:	
Contact no : (M)	
Email: Educational Qualification:	
MMC Reg No:	
Address: Contact no: Land line	
Email:	
Website :	
 Nursing Home Reg no: 	
 MTP Registration no: 	
PNDT Reg No:	
✤ FEQH/NABH accreditation (Compulsory)	minimum/optimum/excellent
No of bed: carpo	et area in sq feet
No of OTs	
Facilities: Please Tick:	
\square Medical \square Surgical \square ICU \square N	ICU 🗆 Obstetric / Gynec
Laboratory Xray CT Scan / MRI	
 Attach Self attested Xerox copies of respective 	ve certificates.

Approved By (office use)

Details of the other members / partners:				
	Name and address	Contact no	AMC member Yes or No If Y then AMC No:	

I hereby solemnly affirm that all the data provided by me in this form is true to the best of my knowledge.

Sign :

Name of Member:

(Stamp of Hospital)

Current Fee structure:

- The Joining fee would be Rs. 2500 for Nursing Homes & Hospitals having bed capacity of 10 or a. less. For Nursing homes & hospitals having bed capacity of 11-25 Rs 5000 and 26 -50, the joining fee would be Rs. 7500. More than 50 beds it would be Rs10000.
- b. The Annual fee would be Rs. 500 for Nursing Homes & Hospitals having bed capacity of 10 or less. For Nursing homes & hospitals having bed capacity of 11-25 the annual fee will be Rs 1000 and for hospitals having beds 26 or more, the annual fee would be Rs.1500 and Rs 2000 for those with more than 50 beds.

* Please pay a combined cheque of Joining fees & Annual Fees fvg. "Association of Medical Consultants a/c NoAH"