

FORM FOR NoAH- AMC

Passport size
photo of the
member

(1) Details of the member

Name: Dr (Mr/Mrs/Ms) _____
(Name)

(Middle name) (Surname)

Date of Birth: _____ AMC membership No: _____

Residential Address: _____

Contact no : (M) _____ (R) _____

Email: _____

Educational Qualification: _____

MMC Reg No: _____

(2) Details of the healthcare unit

Name of the healthcare unit: _____

Address: _____

Contact no: _____ Land line: _____

Email: _____

Website : _____

❖ Nursing Home Reg no: _____

❖ MTP Registration no: _____

❖ PNDT Reg No: _____

❖ FEQH accreditation -----Yes /No-----minimum/optimum/ excellent

No of bed: _____ carpet area in sq feet-----

No of OTs-----

Facilities: Please Tick:

Medical Surgical ICU NICU Obstetric / Gynec

Laboratory Xray CT Scan / MRI

❖ Attach Self attested Xerox copies of respective 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:

- a.** The Joining fee would be Rs. 2500 for Nursing Homes & Hospitals having bed capacity of 10 or 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”