



# 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

## STUDENT MEMBERSHIP FORM

Name\* Dr. \_\_\_\_\_  
NAME FATHERS / HUSBANDS NAME SURNAME

Qualifications\* \_\_\_\_\_ Specialty\* \_\_\_\_\_

Medical Council Reg. No.\* \_\_\_\_\_ MMC Validity Date:\* \_\_\_\_\_ State\* \_\_\_\_\_

Date of Birth\* \_\_\_\_\_ Blood Group\* \_\_\_\_\_

Residential Address:\* \_\_\_\_\_  
Pincode\* \_\_\_\_\_

Current Address: \_\_\_\_\_  
Pincode \_\_\_\_\_

\*I would like to receive my Courier at:  
Residence  Current Address

\*Expected duration of post-graduate course

### Contact No.

Residence \_\_\_\_\_ Consulting \_\_\_\_\_ Mobile\* \_\_\_\_\_

E-mail\* \_\_\_\_\_

Proposed by (Name) Dr. \_\_\_\_\_ Signature \_\_\_\_\_

Date\*: \_\_\_\_\_ Signature of Applicant\*: \_\_\_\_\_

### MEMBERSHIP APPLIED FOR:

Student Membership Rs. 2000 + 18% GST (Rs.360/-) = Rs. 2360/-

**Validity of Student Membership is till completion of your  
speciality or superspeciality degree or diploma course.**

**Kindly submit post-graduate completion certificate as soon as your course is completed.**

### 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) Letter from Head of Department/Copy of admission letter.
- 3) M.B.B.S passing certificate.
- 4) Medical Council Registration Certificate.
- 5) Additional Qualification University & Medical Council Certificate  
(If Membership application is made by Post-Graduate students)
- 6) Proof of Address (Aadhar Card).
- 7) Proof of Payment.

**DO YOU WANT TO ENROLL FOR AMC SCHEMES**

- |   |  |
|---|--|
| <input type="checkbox"/> Professional Indemnity | <input type="checkbox"/> Health & Accident |
| <input type="checkbox"/> Car Insurance          | <input type="checkbox"/> Financial OPD     |

**All students are eligible for our Health & Accident Schemes for self, family and parents as well as Professional Indemnity Scheme.**

**\*PAYMENT DETAILS:**

**Payment Debit:** Cheque/DD  NEFT  Online Payment   
Paid Rs. \_\_\_\_\_ Ref. 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**

**AGENT NAME: \_\_\_\_\_**