

**SCHEDULE 'A' Annexure I**  
Covering letter for ordinary /life member

Residential Address :

Date :

To,  
The Secretary,  
Association of Medical Women in India (Mumbai Branch)  
MUMBAI

Madam,

I wish to be a member of the above trust registered at No. 6358 (MUMBAI)

I have read the scheme of the trust and undertake to abide by the said scheme and rules and regulations framed there under :

I declare that :

1. My Name is :
2. My age is :
3. I have studied upto:
4. I am resident at the above address since :
5. I send herewith my Annual Subscription of Rs. \_\_\_\_\_ for the year \_\_\_\_\_
6. Life membership fees of Rs. \_\_\_\_\_
7. Other membership specify :  
strike out whichever not applicable

Duly admitted on \_\_\_\_\_

Yours faithfully,  
Sd/-

**SCHEDULE 'A' Annexure II**

**Association of Medical Women in India**

Mumbai Branch

Public Charitable Trust, Mumbai Reg. No. E 6358

Regd. Office : IMA Building, 2nd Floor, Keshavrao Khadye Marg, Mumbai - 400 034.

**Membership Form**

Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Address : \_\_\_\_\_

Tel. No. (Landline) : \_\_\_\_\_ Mobile : \_\_\_\_\_

E-mail ID : \_\_\_\_\_

Degrees : \_\_\_\_\_

Hospital : \_\_\_\_\_

Proposed by : \_\_\_\_\_  
(Name) (Signature) (Membership No.)

Seconded by : \_\_\_\_\_  
(Name) (Signature) (Membership No.)

Date of receiving Application : \_\_\_\_\_

Payment Details : Cheque / DD / Cash (kindly circle as appropriate)

Cheque No. & DD No. : \_\_\_\_\_

Issue on : \_\_\_\_\_

-for office use only-

Date of approval of member ship:

Membership number allotted:

Kindly send cheque / DD favouring 'Association of Medical Women in India (Mumbai Branch)' for Rs. 2100/- (Rupees Two Thousand one hundred Only) to  
The Secretary, AMWI (Mumbai Branch), 2nd Floor, IMA Building, Keshavrao Khadye Marg, Mumbai-400034.

Bank Details \_\_\_\_\_ Name & Branch

Signature of Applicant