

A PERSONAL INFORMATION

Full Name :

Place Of Birth : Date Of Birth :
D D M M Y Y

Address :

Status : ☐ Single ☐ Married ☐ Divorce ☐ Others

Nationality : Gender ☐ Male ☐ Female

Postcode : City/Country

E-Mail :

Qualifications :

IADVL No. : MCI Reg No. :

MEMBERSHIP FEES & ELIGIBILITY CREITERIA

Life Membership Fees (LM) : ☐ INR 10,000/- plus 18% Gst

The **eligibility criteria** for becoming a life member of the Association shall be a postgraduate qualification in the specialty (i.e. a diploma or a degree in Dermatology or Dermatology, Venereology and Leprosy) from a medical college affiliated to and awarded by an Indian University or an institution recognized by the Medical Council of India (MCI) or an equivalent organization of the Government of India; or a Diploma in Dermatology or Dermatology and Venereology of the National Board of Medical Examinations, New Delhi. Others with foreign degrees or diplomas or equivalent qualifications should have their qualifications recognized by the MCI or an equivalent organization of the Government of India to become eligible.

DISCLAIMER: The Managing Committee shall have power to accept or reject all or any applications for membership and such decision shall be final.

C PAYMENT DETAILS

Bank Transfer:

Our Bank: KOTAK MAHINDRA BANK
House No. B - 3, HIG, MIG Main Rd, LIG Square, Choti Khajrani, Indore, Madhya Pradesh 452011

Account No: 9425033639

IFSC Code: KKBK0005965

MICR Code: 452485015

UPI ID:

FOR OFFICE USE ONLY

Membership No. :

Approved by:

Date :

Send completed application passport size photograph, membership fees and qualification documents to:

CONTACT DETAILS :

Dr Atul Kathed

A-7 MIG AB Road, Behind Sanjeevani Nursing Home, Near CHL Hospital, Indore.
Phone: +91 9826014164, 07312549500 | E-mail: thegaid.org@gmail.com