



Mumbai Hematology Group (MHG)

MEMBERSHIP FORM

(Kindly type or write in capital)

Date : _____

Name : Dr / Mr / Mrs / Ms

Surname

Name

Second Name

Name as you would like to be printed in the membership diary (Kindly print or write in capital)

Age : _____ years

Sex : Male Female

Specialty : Haematology Oncology Pathology Medicine Paediatric

any other : Specify

Mailing address : _____

Pin Code :

Permanent address (If it differs from above) : _____

Pin Code :

Cell : _____ Tel : () _____

Fax : _____ E-mail ID (preferred) : _____

Email ID (alternative, if any) : _____

Details of draft / cheque enclosed towards life membership : **Life membership is Rs. 5000/-**

All cheques / drafts should be drawn in favour of "**Mumbai Hematology Group**" and posted to :

The Secretary

Mumbai Hematology Group

Haematology Clinic, Ghamat Lodge, 804/A, Dr. B. Ambedkar Road, Dadar TT, Mumbai - 400 014
Office : 022-24142272 / 24144453 Cell : 09820024850 Email ID : mbagarwal1@gmail.com

**Payment can also be done
by NEFT. Account details
are printed overleaf**

Account Name : Mumbai Hematology Group
Bank Name : ICICI Bank, Dadar Branch
Account type : Current
Account No : 003205006243
IFSC Code : ICIC0000032
PAN No. : AACAM6649L
GST No. : 27AACAM6649L1Z2
Service Tax Number : AACAM6649LSD001