



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 CodeCell :

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 :

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