



# 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 : mbargarwal@hotmail.com