



MEDICO-LEGAL ASSOCIATION OF MAHARASHTRA

Society Reg. No. Maharashtra State, Bombay, 616, 1988 G.B.B.S.D.
Public Trust Reg. No. F - 13059 Bombay, dt. 14-3-1989

Office Address :

Department of Forensic Medicine, Grant Medical College,
Byculla, Mumbai 400 008 Tel. : 3720071

To,
The President/General Secretary
Medico-legal Association of Maharashtra

Sir,

I request you to kindly enroll me as a life member of Medico-legal Association of Maharashtra. I am submitting this application form along with required fees of Rs. _____ my professional information is as follows :-

Full Name (Capital) : _____

Date of Birth : _____

Professional Status/Designation : _____

M.M.C. Reg. No. : _____

Qualification : _____

(Title year of passing &

Name of Institutes)

MBBS : _____

Post graduation : _____

Any other : _____

TOTAL EXPERIENCE OF Medico-legal
WORK (AS MO/PP/Any other capacity)

ADDRESS FOR CORRESPONDENCE : _____

(With Phone No.) : _____

PERMANENT ADDRESS : _____

(With Phone No.) : _____

Mode of payment of Fees : _____

Any other relevant information : _____

Please note that I undertake to follow all the rules & regulations of the Association (existing & future amendments)

Thanking you,
Seal

Yours Sincerely,

Date : _____ Place : _____

Applicants Signature

(For Office Use Only)

Membership proposed by :

Remarks / Recommendation of Gen. Secretary :

Life membership granted / Not granted as per resolution No. :

_____ of _____ meeting held on _____ at _____ & the applicant's name is enrolled at Sr. No. _____, Page No. _____ of the life membership register, of the Medico-legal Association of Maharashtra.

Name's Signatures of the office bearers and members of Executive council in presence of whom the membership proposal is accepted.

1) President : _____

2) General Secretary : _____

OR

3) Joint Secretary : _____

4) _____

5) _____

6) _____

7) _____

8) _____

9) _____

10) _____