

INDIAN DOCTORS FOR PEACE AND DEVELOPMENT

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MEMBERSHIP FORM

(Please fill in CAPITAL LETTERS OR TYPE)

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Date of Birth _____ Gender _____

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I hereby declare that I shall abide by the constitution of the Indian Doctors for Peace and Development. Kindly enroll me as me as Life Member / Student Member.

I am herewith sending the membership fee of Rs.2000.00 for Life Member/ Rs.100.00 for Student member in favour of Indian Doctors for Peace and Development payable at Ludhiana vide Demand Draft No. _____ Dated _____.

Signature