

MEMBERSHIP FORM
HUMAN MILK BANKING ASSOCIATION

Photo

Name of the Applicant: _____

Date of Birth: _____ Sex: _____

Communication Address:- _____

State: _____ Nationality: _____

Telephones: (STD Code) _____

Mobile: _____

Email ID: _____

Medical Qualification	Name of the University	Qualifying Year

Registration No. & Registering Authority (e.g. MCI or State Medical Council):-

Name, membership No. & signature of proposer :

Name, membership No. & signature of seconder :

Short Curriculum Vitte with experience of working in human milk banking (within 8-10 lines):-

Place:

Signature of the Applicant

Date:

Enclosures: True Copy of Degree, Council Registration Certificate & photograph.

Life Membership fee (individual Rs.2000/-, couple Rs.3000/-) by CBS (At Par, Multicity Cheque) or DD, in the name of : Human Milk Banking Association (HMBA) payable at Amravati.

Send to Dr.Satish Tiwari, Yashodanagar No.2, Amravati-444606, Maharashtra.

Phone: 0721-2541252, 09422857204 e mail - drsatishtiwari@gmail.com , drtiwarisk@hotmail.com