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: _____

Qualifications	**Name of the University**	**Qualifying Year**

Registration No. & Registering Authority (e.g. MCI or State Medical Council):-
For: Nutritionist, Lactation Consultants, & Nurses etc Registration certificate n't required.

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):-

_____
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Place: Signature of the Applicant

Date:

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

Life Membership fee (for doctors: individual Rs.2000/-, couple Rs.3000/- For others Rs. 1500/-) in the Account name: Human Milk Banking Association, A/c no- 33992343716 SBI Camp Branch Amravati, Maharashtra. IFS code: SBI N 0003866.
Send form to Dr. Satish Tiwari, Yashodanagar No.2, Amravati-444606, Maharashtra. Phone: **0721-2952851, mobile-09422857204, e-mail** - drsatishtiwari@gmail.com, drtiwarisk@hotmail.com