



DIABETES ASSOCIATION OF SALEM

MEMBERSHIP ENROLLMENT FORM

1. Name :

2. Qualifications :

(Kindly attach Xerox copies of Certificates)

3. Address for Communication :

Residence :

Contact Number :

Clinic / Hospital Address :

Contact Number :

E-mail ID :

4. Whether member in RSSDI : Yes / No

Signature

Note:

One time Membership fee of Rs. 5,000/- (Rupees Ten Thousand only) Remitted either by Cash or D.D. (drawn in favour of "TREASURER, Diabetes Association of Salem, Salem")

For Enrollment Contact :

Dr.S.R.Rangabhashyam (98941 87784)

Chairman.

Dr.Major Ravishan kar (96777 77 198)

Vice Chairman.

Dr.A.Premkumar (88703 55306)

Secretary.

Dr.S.P.Sathishkumar(97891 22263)

Treasurer.