

PROGRESSIVE RURAL MEDICAL PRACTITIONERS WELFARE ASSOCIATION



Govt. Regd. No.: IV-190200329/2023 * WEST BENGAL STATE COMMITTEE

AN ORGANIZATION OF INFORMAL HEALTH CARE PROVIDERS

E-mail ID : prmpwa23@gmail.com ** Website : www.prmpwa.in Form No.:

1352

New Membership Form For Enrolment of Registration for the Year-202

(TO BE FILL IN CAPITAL LETTER)

1.	Name			Two Copies P.P. Size Colour Photo	
2.	S/D/W of				
3.	Contact Phone	<input type="text"/>	Whatsapp	<input type="text"/>	
4.	Address-	Vill.	<input type="text"/>	G.P.	<input type="text"/>
		P.O.	<input type="text"/>	Block	<input type="text"/>
		P.S.	<input type="text"/>	Sub-Div	<input type="text"/>
		Pin Code	<input type="text"/>	District	<input type="text"/>
5.	Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	
6.	Blood Group	<input type="text"/>	RH Factor	<input type="text"/>	
		A B O+	P+ -N		
7.	Aadhaar No.	<input type="text"/>	E-mail Id :	<input type="text"/>	
8.	Educational Qualification	<input type="text"/>	Medical/Technical Qualification	<input type="text"/>	
9.	Practicing Address	<input type="text"/>			
10.	How long Experience & What	<input type="text"/>	Alopathy / Homeo / Ayurved / Other	<input type="text"/>	
11.	is it your Name in BMOH list :	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes - Mention No. <input type="text"/>	

DECLARATION

I do hereby declared that all the above statements are true and correct, agree to abide to bide by the Rules & Regulations of the association and bound to bear all the legal liabilities. That I promise to be faithfull to the organisation and shall not do anything which will be jeopardise the reputation of it and don't use any fake qualification to deprive the suffering people. Please enrol me as a member.

Dated -

N.B.: Document submitted : Aadhaar & Other Documents.

Signature in full by Candidate

OFFICE USE ONLY

Recommendation of District Authority

Membership Regd. No.

Name

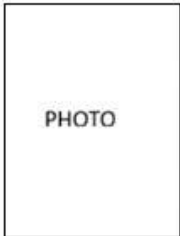
Accepted by

Signature & Seal

Seal

Signature of General Secretary / President

TO.
THE ~~SECRETARY~~ CHAIRMAN
PRMPWA.



SUB : RENEWAL OF MEMBERSHIP

DEAR SIR,

WITH DUE RESPECT I WOULD LIKE TO INFORM YOU THAT, MY MEMBERSHIP WITH PRMPWA HAS BEEN EXPIRED ON 31.3.2025. HENCE I AM REQUESTING YOU TO RENEW MY MEMBERSHIP AS EARLY AS POSSIBLE.

THANKS AND REGARDS.

[TO BE FILLED IN CAPITAL LETTERS]

1. Name : SEX :
2. C/O Name :
3. ADDRESS (Residence)
.....
.....Block..... District
4. ADDRESS (Chamber).....
.....
.....Block..... District
5. MEMBERSHIP NO. 6. VALIDITY.....
7. MOBILE NO :
8. Others :

Place :

Date :

.....

SIGNATURE OF THE APPLICANT