

HEALTHCARE FEDERATION OF INDIA

APPLICATION FOR MEMBERSHIP

Dear Sir,

I/We wish to apply for enrolment as a member of Healthcare Federation of India and participate actively in the transformation of Indian healthcare

I/We enclose herewith Cash/DD/Cheque for ₹ _____ only, being admission fee of ₹ _____ and membership subscription of ₹ _____ for the year _____

* Please add Service Tax @15% or as applicable to the admission fee amount and the subscription fee amount.

Other details required to formalize my/our membership are given below:

Company Name: _____

Regd. Address: _____

Mailing Address : _____

Year of Establishment: _____

Name of the MD/CEO: _____

Name of Representative: _____

Title of Representative: _____

E-mail: _____

Tel: _____ Fax: _____

Products / Services _____

Annual Turnover: ₹ _____ Yr. _____

(Last 2 years): ₹ _____ Yr. _____

PAN No. : _____

No. of Employees: _____

Notes:

1. Cheque to be prepared in favour of "Healthcare Federation of India" or the funds can be electronically transferred to Oriental Bank of Commerce, Branch: Indraprastha Apollo Hospital, Sarita Vihar, New Delhi - 110076, Account No. 50762011023168, IFSC Code: ORBC 0105076.
2. Cheque should be sent at Nathealth : 26, Okhla Phase-3, 1st Floor, New Delhi - 110 020.

Yours Faithfully

Signature of MD/CEO/Authorised Signatory

FOR OFFICE USE

Received on: _____

Accepted at the Governing Council meeting held on : _____

Proposed by: _____

Seconded by: _____

(Signature of Secretary General)

(Signature of President)