

APPLICATION FOR MEMBERSHIP

Dear Sir,

I/We wish to apply for enrolment as a **Full Time Member/Associate Members** (Tick as appropriate) of Healthcare Federation of India and participate actively in the transformation of India healthcare.

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

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 the representative: _____

Title of the representative: _____

Email: _____

Telephone No: _____

Products/Services: _____

Annual turnover : (INR) _____ Year _____

Last two years (INR) _____ Year _____

PAN No : _____ GST No : _____

No of employees: _____

Authorized Signatory _____

FOR OFFICE USE

Received on: _____

Accepted at the Governing Council meeting held on : _____

Proposed by: _____

Seconded by: _____

(Signature of Deputy Director)

(Signature of President)

Bank Account details of Healthcare Federation of India:

Bank Name : Punjab National Bank

Branch Address : Apollo Hospital, Sarita Vihar, New Delhi-110076

Account Holder Name : Healthcare Federation of India

Account Number : 50762011023168

IFSC Code : PUNB0507610

NATHEALTH OFFICE:
Healthcare Federation of India (NATHEALTH)
Suite 1113, First Floor
JW Marriott New Delhi Aerocity
Asset Area 4, Hospitality District,
Near IGI Airport, Aerocity
New Delhi 110037