

# **BOMBAY NURSING HOMES ASSOCIATION**

[www.bnha.in](http://www.bnha.in)

P.T.R. No. – F-4517

## **NEW MEMBERSHIP ENROLMENT FORM**

Date:- \_\_\_\_\_

The Hon. Secretary  
Bombay Nursing Home Association  
C/O. 101, Mangal Murti CHS, Off S.K Bole Road, Agar Bazaar  
Near Raheja Princess, Dadar (W), Mumbai-400 028.  
Tel: 2421 1555 / 2421 2555 Fax: 2421 3555  
Email: [docmrg@rocketmail.com](mailto:docmrg@rocketmail.com)

Dear Sir,

Please enroll me as a Life Member / Patron of the Bombay Nursing Homes Association. I am sending herewith my membership fee of Rs. 4000/- and Entrance fee Rs.100/- + Legal fund Rs.500/- (Total 4600/=) by cheque in the name of “Bombay Nursing Home Association”. I have read the rules and regulations of the association and I agree to abide by the same.

Yours faithfully,

( \_\_\_\_\_ )

Surname \_\_\_\_\_ Name \_\_\_\_\_ M. Name \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_

MAHARASHTRA MEDICAL COUNCIL NO. \_\_\_\_\_ QUALIFICATIONS \_\_\_\_\_

NAME OF THE HOSPITAL \_\_\_\_\_

ADDRESS OF THE HOSPITAL \_\_\_\_\_

TEL NO: \_\_\_\_\_ MOBILE NO \_\_\_\_\_

EMAIL ID \_\_\_\_\_ WEBSITE \_\_\_\_\_

MCGM WARD \_\_\_\_\_

"C" FORM NO \_\_\_\_\_ VALID TILL \_\_\_\_\_

HOSPITAL SPECIALISED IN \_\_\_\_\_

NO.OF BEDS \_\_\_\_\_

**For Office Use only:**

**PROPOSED BY: NAME** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**SECONDED BY: NAME** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

Elected as Life Member / Associate Member of the association with effect  
from \_\_\_\_\_

Enclosures required: 1. MMC Registration Certificate  
2. BMC Registration Certificate - “C” Form

Transaction ID for payment done of Rs. 4600 /- for new members only \_\_\_\_\_

SECRETARY - BNHA

TREASURER - BNHA

PRESIDENT - BNHA

**Bank Details :**

**Account Name :** Bombay Nursing Homes Association, **Account Number:** 004100100008993, **IFSC Code:** NKGS0000004,

**Account Type:** Current, Bank Name: NKGSB, **Bank Branch:** Mahim Branch, Mumbai