OFFICE USE

ENROLLMENT NO. Dist. No.

# Maharashtra Hospital's Association

C/o. Krishna Hospital adn ICU, Behind Cosmos Bank, Rokdiya Hanuman Colony Aurangabad.
Cell: 9423148993 Ph.No.: 0240-2347774 / 6 / 9. Email: mpha2015@gmail.com

## ENROLLMENT FORM

Name of Hospital - ----------

Date Established and Registration No. ----------

Address .- ----------

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Tel. No.---------- Mobile No..----------

Email ID.

Name of Representative of hospital ;----------

## Details of Doctors Working In the Hospital's

| Sr. No. | Name | Qualification | MMC Reg. No. | Mobile No. | Email ID |
|---|---|---|---|---|---|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |

**Enclosed is Cheque No.** _____ **Dated** _____

For Rs.1000/ **(Rs. One Thousand only)** Drawn on **MAHARASHTRA HOSPITAL'S ASSOCIATION**

Yours faithfully

Signature with seal of hospital

NOTE:-

1. A brief Bio-Data may please be attached with brochure and visiting card.
2. Photocopy of certificate of registration of hospital ( Optional)
3. As a member they should have basic qualification of MBBS.