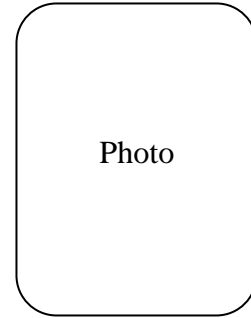
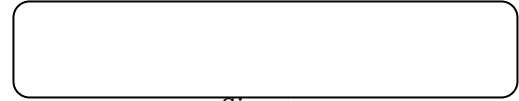




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USE BLOCK LETTERS ONLY



Signature

Type of Membership: LIFE ORDINARY ACADEMIC-LIFE

Name:

Residence Address:

Tele No.:

Spouse Name:

Clinic Address:

Tele No.:

Mobile No.:

E-Mail Address:

Degree:

Registration No.:

Birth Date:

Marriage Date:

Driving License No.:

Blood Group: "Rh" Factor:

Additional Information:

Date:

N.B. New members must attach supporting documents