

INDIAN MEDICO-LEGAL & ETHICS ASSOCIATION

[Reg. No. - E - 598 (Amravati)]

Website - www.imlea-india.org , e mail - drsatishtiwari@gmail.com

Photo

LIFE MEMBERSHIP FORM - ADVOCATES

Name of the applicant: _____

(Surname) (First name) (Middle name)

Date of Birth : _____ Sex : _____

Address for Correspondence: _____

Telephone No.s:- Resi. : _____ Hosp. : _____
Mobile : _____ other : _____
Fax : _____ E-mail : _____

Name of the BAR Council : _____

Registration No.: _____ Date of Reg. : _____

Medical / Legal Qualification	University	Year of Passing

Name, membership No. & signature of proposer : _____

Name, membership No. & signature of seconder : _____

A) Experience in Med-legal field (if any) : _____

B) Did you defend any med-legal case against Doctor/ Hospital : Yes / No

If, Yes (Give details) : _____ -

(Attach separate sheet if required)

C) Is your relative / friend practicing Medicine : Yes / No

If Yes, Name : _____

Qualification : _____ Place of Practice : _____

Specialized field of practice (Medicine, Surgical etc) : _____

D) Any other information you would like to share: Yes / No (If Yes, please attach the details)

I hereby declare that above information is correct. I shall be responsible for any incorrect / fraudulent declarations.

Place : _____

Date : _____

(signature of applicant)

Enclosures: True Copy of Degree, Council Registration Certificate & photograph.

Life Membership fee (individual Rs.3500/-, couple Rs.6000/-) by CBS (At Par, Multicity Cheque), in the name of Indian Medico-legal & Ethics Association (IMLEA) payable at Amravati.

Send to Dr.Satish Tiwari, Yashodanagar No.2, Amravati-444606, Maharashtra.