



TNGDA

Tamilnadu Government Doctors Association

Membership Form
(Fill the Form with capital Letters)

New Enrollment

Renewal / Data Update

1.	Name :	
2.	Qualification :	
3.	Date of Birth :	
4.	TN Medical Council Reg No:	
5.	Contact Cell No :	
6.	E.Mail ID :	
7.	Residential Address :	
8.	Designation :	
9.	Working Place / Office Address :	
10.	District :	
11.	TNGDA Membership ID No:	(for old members ,if available)
12.	<p style="text-align: center;"><u>Declaration:</u></p> <p>I hereby apply for the # New Member # Renewal / data updation. I assure that I will abide by the rules and bylaws of TNGDA.</p> <p>Date : </p> <p style="text-align: center;"><i>Signature of the Applicant</i></p>	
13.	Forwarded by	
	Date:	District President / Secretary
Space for Office use		

Form Ed. 1.5

* Print with A4 Size Sheet. Submit this application form with the district office bearers.