

SerialNo:

Membership Number in Master Register:.....



KERALA GOVERNMENT MEDICAL OFFICERS' ASSOCIATION MEMBERSHIP FORM

1 Name (INBLOCK LETTERS AS IN RECORDS):.....

2 Date of Birth:.....Age:..... Sex:Male / Female

3 Name of Father / Wife / Husband:.....

4 Details of Qualifications

| Examination Passed | Qualification | Year of Passing | College | University |
|--------------------|---------------|-----------------|---------|------------|
| | | | | |
| | | | | |

5 Date of Joining in Service:.....Post:.....Institution:.....

6 Present Designation:.....Cadre:.....

7 Whether probation declared or not (Yes/ No) :

8 **TCMC No:**.....

9 Official Address (also details of working arrangement):.....

10 Home Address / Permanent Address:.....

11 Mobile Number:..... Email Id:..... PEN:.....

12 Type of Member : ANNUAL - SINGLE / COUPLE LIFE - SINGLE / COUPLE

(If couple, Name of spouse :..... Designation and Institution)

13 Details if Member of any Professional Organisations:.....

14 Details of Previous Membership : Member since (Year)..... Any break in membership.....

Membership details of previous two years:.....

15 Declaration

(A) I Dr..... do hereby reaffirm my full faith in the Kerala Government Medical Officers' Association and declare that I will implicitly abide by all the directions & decisions duly taken by the Association from time to time. I undertake to refrain from any action and dissociate from any activity likely to undermine the unity & dignity of the Association.

(B) I am not a member /office bearer of any other service organization. I will not take membership in any other service organization in future as long as I remain in KGMOA.

Place:

Date:

Signature of Medical Officer

Admitted /Not admitted (with reason)

Signature of Secretary

Signature of Hon. General Secretary