

MEMBERSHIP FORM

# Private Hospital Association Gujranwala



Membership No. (For office use) \_\_\_\_\_

Name of the Hospital/Clinic \_\_\_\_\_

Registration No. \_\_\_\_\_ Reg. date \_\_\_\_\_ Reg. expiry date \_\_\_\_\_

Permanent Address \_\_\_\_\_

Postal Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Website \_\_\_\_\_ E-mail \_\_\_\_\_

Name of the Head/Owner of the Hospital \_\_\_\_\_

Father's/Husband's Name \_\_\_\_\_

National Identity Card No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_ Date & Place of Issue \_\_\_\_\_

Present Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

Telephone No. Office \_\_\_\_\_ Residence \_\_\_\_\_

Fax No. \_\_\_\_\_ Cell No. \_\_\_\_\_ Email \_\_\_\_\_

I, \_\_\_\_\_ request you to kindly enroll \_\_\_\_\_

\_\_\_\_\_ hospital as a member of PHA Gujranwala. Requisite fee Rs. \_\_\_\_\_

towards Membership Fund has been paid vide Cheque/Cash-receipt No. \_\_\_\_\_

I solemnly declare that I shall abide by all the provisions of the constitution of Private Hospital Association, Gujranwala & all the rules, regulations and bye laws framed under the constitution of the Association.

I further declare that I understand that the membership rights & benefits will be applicable only when I clear all dues and obligations whether monetary or otherwise of the association.

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### **UNDERTAKING**


I, \_\_\_\_\_ Head/Owner of \_\_\_\_\_

R/O \_\_\_\_\_ do hereby declare that,

I shall pay the monthly subscription fee regularly.

I also understand that in case of non-payment of monthly/annually subscription, I will not be eligible to enjoy the rights and benefits attached with the membership, under the rules and regulations.

I further declare the in case of any dispute arisen between the member hospital and the association, the matter shall be settled in accordance with the provisions of the constitution of association.

í  (Another Member)

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_