



# ASSOCIATION OF FORENSIC MEDICINE & TOXICOLOGY EXPERTS

સાર્વજનિક ટ્રસ્ટનો રજિસ્ટર નં. F/20777/ Ahmedabad Dt. 19.09.2019

મંડળી નોંધણી નં. -ગુજરાત/21195/ Ahmedabad Dt. 19.09.2019

**Registered Office:** Library cum Seminar Room, Department of Forensic Medicine & Toxicology,  
2<sup>nd</sup> floor GCS Medical College, Opp. DRM Office, Near Chamunda Bridge, Naroda Road,  
Ahmedabad – 380 025

**E mail:** afmtguj@gamil.com

## Application for Membership

Latest  
Photo

To,  
The Secretary,  
Association of Forensic Medicine and Toxicology Experts.

Dear Sir,

I want to become a Life Member / Associate Life Member of the Association of Forensic Medicine and Toxicology Experts. I have gone through the rules and regulations of the Association and I agree to abide the same. I furnish the necessary particulars. Kindly enroll me as a member and oblige.

### Particulars to be filled up by the Applicant:

<b>Full name in block letters</b>	
<b>Designation</b>	
<b>Official Address</b>	
<b>Mobile No.</b>	
<b>E-mail</b>	
<b>Educational qualification (with name of the University and year of passing)</b>	
<b>Reg. No., Date and Name of the Medical council</b>	
<b>Fees paid by Cash/Cheque/Online</b> <b>For Life Member - 3000/-</b> <b>Associate Life Member - 1000/-</b>	<b>Cash / Cheque / Online</b> (✓ Please Tick) <b>Amount</b> <b>Bank Name</b> <b>Cheque / Transaction No.</b> <b>Date</b>
<b>Account Details for Online Transfer</b>	<b>Name of Account: AFMT ; SBI A/C No. 39104471099</b> <b>Branch name: Civil Hospital Precincts, Ahmedabad</b> <b>IFS Code: SBIN0003043</b>

Yours faithfully,

**Place:**

**Date:**

**Signature with Name**

(Please enclosed Cheque (If applicable), self-attested copy of MD/MBBS degree and Aadhaar Card with form)

Proposed by:

Seconded by:

Name:

Name:

LM/ALM No.

LM/ALM No.-

### FOR USE OF AFMTE

Membership accepted / Not accepted:

Date of verification of payment of fees:

President

Secretary

Treasurer