

RURAL MEDICAL PRACTITIONERS' ASSOCIATION

West Bengal State Committee

Regd. No. SO 055585 of 1987

'RONI APPARTMENT', Flat No. 3 (3rd Floor) Natun Bazar (Toll Dhar), Singur, Hooghly
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Photo Stamp
Size

MEMBERSHIP REGISTRATION FORM

(Use Block Letter Only)

Regd. No. District

1. Name

2. Son/Doughter of

3. Chamber VILL. P.O.

G.P./Municipality P.S.

PIN PHONE

4. Residence VILL. P.O.

G.P./Municipality BLOCK

PIN PHONE

5. Date of Birth 6. Education

7. Blood Group 8. Medical Experience

9. Practising in ALLO HOMEEO VET 10. Years of Practice

11. **Declaration** : I here by declare that all the particulars stated in this Application form are true to the best of my knowledge and believe. I have read and understood the programme of R.M.P.A., I shall abide by the terms and conditions thereon.

12. Date

13. Signature of Applicant

14. Recomendated by :

15. Block Committee

District Committee
Seal

16. Date