

ESIC MEDICAL OFFICERS ASSOCIATION

Ministry of Labour & Employment, Government of India

Reg office: D 1/1 (2nd floor), Model Town III, Delhi-110009

Please join: www.esicmoa.com



(Regd No.3884/89)

MEMBERSHIP FORM

THE PRESIDENT

Medical officers' Association

I may be enrolled as the member of **Medical officers' Association**, I have read the constitution of the association and I shall abide by the rules and regulations of the association. I am also ready to deduct the monthly subscription through ECS from salary. In case of any violation of these rules my membership will stand cancelled automatically.

(copy of the constitution of association will be send by email automatically)

Signature

Name in block letters

Date of birth

Qualifications /College/ P.G(if any)

Date of Joining ESIC

Present Posting

Permanent Address

Mobile No.

Email Id. (esic)

Payment details

FOR OFFICE USE ONLY

Application received on..... along with life member fees of Rs.1000/- (one thousand only) by cash/cheque/draft No.dt.receipt no.

The membership of Dr.has been approved by executive meeting held on And he/she Membership Number is.....

General Secretary

Note: - kindly send the copy of filled form to admin@esicmoa.com