



ASSOCIATION FOR WELFARE OF MODERN MEDICINE, RAIPUR  
E-mail- awomm.in@gmail.com  
**MEMBERSHIP FORM**

Society Reg No. 122202051799

Name				Photograph
Age		Gender		
Mobile No				
Email-ID				
Address				

Professional Qualification:

S/No	Degree	Institute	University	Registration	Year
1					
2					
3					

Affiliation:

S/NO	Name of Institute/Hospital	Designation
1		
2		

Membership Fee Payment Details (Tick whichever applicable):

Account details of AWOMM:

Account Name: Asso. For welfare of Mod Medicine, Raipur

IFSC: HDFC0003656

Account No. 50200058591572

Branch: HDFC Bank, Mowa Branch, Raipur

Membership Type:	Life Member	Associate Life member		
Payment Received:	8000 INR	5000 INR		
Payment Mode:	Cash	Cheque	NEFT	UPI/Wallet
Ref ID with Date				

For office use Only:

Application received dated:		
Payment Confirmation done on		
Application approved on:		
Assigned membership No	AW-L/Year/No	AW-AL/Year/No

**Instructions for filling out the form:**

- 1. Kindly fill all the details correctly**
- 2. MBBS/BDS/BPT students who are undergoing internship can apply as Associate Life Members, which they can convert as Life members on completion of Internship.**
- 3. Associate Life members are not eligible for voting in GBM and also not eligible for holding office.**
- 4. Private practitioners can name their clinic/hospital as affiliation.**
- 5. Kindly fill the transaction reference ID after transaction.**
- 6. The form can also be filled scanned and sent to [awomm.in@gmail.com](mailto:awomm.in@gmail.com).**