



## INFO DOCTCARE SERVICES (P) LTD.

(Widely known as Doctcare Services)

Excellent Care For The Doctors

**Admin. & Head Office:** B-16 Basement, Acharya Niketan, Near Allahabad Bank, Mayur Vihar Phase-1, Delhi-110091

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**Registered Office:** 36/479, G.F., Trilokpuri, New Delhi-110091, Ph. 09250341234

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### MEMBERSHIP FORM

Membership Date

Date

Month

Year

Branch : .....

Code : .....

I hereby Voluntarily agree to be a member of Doctcare Services and I am depositing Rs. .... for  
..... years as per details given below towards the expenses to be incurred on Professional  
Indemnity Insurance Coverage, as provided under the policy and scheme of Doctcare Services.

Amount	D/D or A/c Payee / Cheque No.	Date	Drawn on

#### Particulars :

Full Name **Dr.**

Father's/Husband Name :

Qualification & Specialities :

Address : Clinic/Hospital Nursing Home :

Address Residence :

Mobile :  Telephone :

Mobile :  E-mail : .....

Date of Birth :    Marriage Anniversary :

Medical Registration No.  Year

Other Particulars (if any) .....

I also hereby declare that I have fully understood the policy/scheme and shall abide by the rules and regulations of Doctcare Services. In case of non-payment in full in time, the Doctcare Services will have the right to forfeit the amount deposited by me and I shall pay the re-enrolment Charges Rs 1000/- to Doctcare Services. I have no objection to publish my photograph in D.M.A./I.M.A. Bulletin or in any News Media for the interest of my own or for the organization.

Signature of Doctor Member

Signature of Doctcare's B.D.O./Executive/Freelancer