



JAIPUR DERMATOLOGY ASSOCIATION

REGISTRATION FORM

Note: All fields are mandatory

Full Name _____	Member Photo
Male <input type="checkbox"/> Female <input type="checkbox"/>	
Date of Birth _____	
Contact Address _____	

Pin code _____ City _____ State _____

Mobile Number _____ Email Address _____

Educational Qualifications

1. Qualification MBBS Certificate (Attach Certificate)
 - a. Year of Passing _____
 - b. University _____
2. Post Graduation Degree (Applicable only for LM & ALM) (Attach Certificate)
 - a. Year of Passing _____
 - b. University _____
3. Medical Council Registration (Attach Certificate)
 - a. Registration No. _____
 - b. Registering Council _____

Registration Fee (Tick one)

1. Life Member - INR 5,000.00
2. Provisional Life Member – INR 3,000.00
3. Associate Life Member – INR 8,000/-

Mode of Payment (Tick one)

Cash Cheque Demand Draft NEFT

Reference Number _____

Bank Details:

A/c Name: Jaipur Dermatology Association • A/c No. : 07930110028995
Branch : UCO Bank, Tonk Road Jaipur • Branch code : 0793 • IFSC Code: UCBA0000793

- NOTE: 1. A letter of recommendation from HOD is to be attached in case of PLM application.
2. Send the duly filled form along with other required documents to the office address,

OFFICE ADDRESS

Jaipur Dermatology Association

D-712, Park Avenue Road, Malviya Nagar, Jaipur – 302017 • Email: office.jdaonline@gmail.com • Website: www.jdaonline.net