



# Uttar Pradesh Diabetes Association®

(Registered under Societies of Registration Act. 2/1860 Registration No. 480/2D03 Dated 18 June 2003)

## Membership Form

Full Name: .....

Date of Birth: .....

Postal Address : .....

.....Pin Code.....



Telephones: STD Code.....Resi.....Off./Clinic.....

Mobile :.....E-mail : .....

Qualifications (Minimum qualification is MBBS)

MBBS: Year: College:

MD: Year: College:

DM : Year: College:

Enclosed: DD for Rs. 1500/- No.....Dated .....

Drawn on.....Bank, payable at Lucknow,  
favouring "U.P. Diabetes Association" or "UPDA" (For outstation cheques, please add  
Rs. 75.00 for bank charges)

**Signature of the Applicant**

**Proposed by :**

( )

**Membership No.**

**Seconded by :**

( )

**Membership No.**

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Must attach photocopy of yours MBBS/MD Degree or MCI Registration Certificate  
You can also send this form to Dr.