

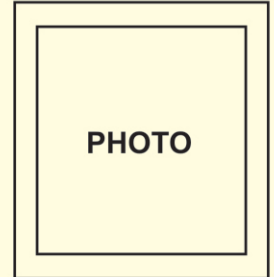
EXPERTS DOCTORS SHIELD SERVICES LTD.

(Widely known as DOCSHIELD)



By the experts - for the Doctors

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MEMBERSHIP REGN. FORM

In business arrangement with
a leading insurance company of India

Membership Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	Month	Year			

Branch :
Code :

I hereby Voluntarily agree to be a member of Experts Doctors Shield Services Ltd. and I am depositing Rs.....foryears as per details given below towards the expenses to be incurred on Professional Indemnity Insurance coverage, as provided under the policy and scheme of Experts Doctors Shield Services Ltd.

Amount	D/D or A/C payee / Cheuqe No.	Date	Bank	Drawn

Particulars :

Full Name

Dr. Father's / Husband Name:

Qualification

Year

Specialities :

Address: Clinic/ Hospital/Nursing Home:

Address: Residence

Telephone No. Clinic

Residence :

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 Experts Doctors Shield Services Ltd. In case of non-payment in full in time, the Expert Doctors Shield Services Ltd. Will have the right to forfeit the amount deposited by me. 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 organisation.

Signature of Doctor Member

Signature of Executive / Promoter

