

## Membership Application Form

Temporary membership for 1 year

Photo

Name of Applicant : \_\_\_\_\_  
(Malayalam & English  
Capital Letters in)

Full Address : \_\_\_\_\_

Office Address : \_\_\_\_\_

Email : \_\_\_\_\_

Phone : \_\_\_\_\_ Mobile: \_\_\_\_\_

Pan Card No :           Aadhar No :

Age : \_\_\_\_\_ DOB:

Staff Data : \_\_\_\_\_

Name of Referrer & Tel : \_\_\_\_\_

Educational Qualification: \_\_\_\_\_

Work Experience in years : \_\_\_\_\_

Languages Known : \_\_\_\_\_

MoU details : \_\_\_\_\_

IT , GST if any :

I am Mr./Ms./Mrs. \_\_\_\_\_ shall work in this organization abiding the rules and regulation of our bylaw. As a member I shall work for the progress, development and unity of our organization keeping the discipline and recognizing the leadership.

Name :

Sign :

Date :

Place :

Office use

Reg No:

Date:

Recommendation : \_\_\_\_\_

Signature  
President/ Secretary  
Membership Authority:

## Rules And Regulations

- 1) I bear witness that I shall not follow any illegal treatment methods and engage or encourage it being a member of Kmtff.
- 2) I have commitment to pay monthly subscription as prescribed by Kmtff without failure.
- 3) I shall attend all the general body meetings & other essential gatherings as possible as I can.
- 4) Candidates working/ worked in a medical coordination firm or institution applying for membership in Kmtff should produce a conduct certificate/ NOC along with the application.
- 5) I understand that the violation of rules and regulations may lose my membership in the Kmtff.
- 6) Candidates working/ worked in a medical firm or institution applying for membership in Kmtff should produce a conduct certificate/ NOC along with the application.

Name :

Sign :

Date :

Place :