



Doctors Legal Solutions Private Limited

(The Complete Legal Protection for Health Professionals)

Regd. Office : E-5/112, Arera Colony, Bhopal (M.P.) 462016 Ph.: 0755-4244858, 9111444858, 9300627597

Branch Office : Maran Complex, Neelbad Square, Bhadbhada Road, Bhopal (M.P.) 462003

Membership Form

Membership Date

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

Branch :

Code :

I hereby Voluntarily agree to be a member of **Doctors legal Solutions Private Limited**. and I am depositing Rs..... for.....Years as per details given below towards the expenses to be incurred on Legal Liabilities as provided under the policy and scheme of **Doctors legal Solutions Private Limited**.

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

Particulars :

Full Name

Father's/Husband Name

Qualification & Specification

Address : Clinic/Hospital Nursing Home

Address : Residence

Mobile No.:

E-mail :

Telephone No.: Clinic Residence

Date of Birth Marriage Anniversary

Medical Registration No. Year

Other Particulars (If any)

I also hereby declare that I have fully understood policy/Scheme and shall by the rules and regulation of **Doctors legal Solutions Private Limited** In case of non-payment full in time, the **Doctors legal Solutions Private Limited**. will have the right to forfeit the amount deposited by me.

Signature of Doctor Member

Authorised Signatory