



Reg. No: 44/2012

COMMUNITY MEDICINE FACULTIES ASSOCIATION

(Registered Under The Tamil Nadu Societies Registration Act, 1975)

Address: 29/2 (New no.60) Rettaikuzhi Street, Tondiarpet, Chennai – 600 081.

Email: comfain@gmail.com.

Copy of Constitution of COMFA is available at <https://sites.google.com/site/comfaoffice/>

APPLICATION FOR COMFA LIFE MEMBERSHIP			
NAME (IN BOLD)			
SEX		PHOTO	
DATE OF BIRTH			
DESIGNATION			
INSTITUTION			
EXPERTISE AREA			
EDUCATIONAL QUALIFICATIONS (Attach Copy)			
Degree/Diploma	College	Year of completion	
1.			
2.			
ADDRESS OF THE MEMBER			
Present Mailing Address		Permanent /Alternate Mailing Address	
STATE:		STATE:	
PIN CODE:		PIN CODE:	
PHONE:		PHONE:	
e-Mail:		e-Mail:	
MEMBERSHIP FEE PAYMENT (ECS; Pay online)			
Membership/Other (Rupees)		RS.2500/- (Rupees Two Thousands only)	
Number: RTGS-Date		Bank&Branch	
In Favour of		Community Medicine Faculties Association	
COMFA Bank	Ac.Number	3958002100011415	IFSC Code PUNB0395800
Bank	Punjab National Bank, East Tambaram Branch, Chennai, Tamil Nadu		Type Current Account
DECLARATION			
I subscribe to the COMFA's aims and objectives and regulations of the COMFA and wish to become a member.			
DATE		SIGNATURE	
Filled forms & online transaction details to be sent	Dr.T. Ashok Kumar, MD , Secretary-COMFA, 29/2 (New no.60) Rettaikuzhi Street, Tondiarpet, Chennai – 600 081 E-Mail: dopnjrcm@gmail.com Website: www.njrcmindia.com ; www.commedjournal.in		
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Enrolment Number		Certificate	
SECRETARY		PRESIDENT	