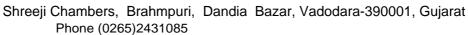
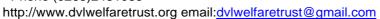


DERMATOLOGISTS, VENEREOLOGISTS & LEPROLOGISTS WELFARE TRUST

REG. NO.: F/2788/VADODARA







FOR OFFICE USE				
DVLWT NO				
Branch :	State:			
Category IADVL LM	Date :			
Signature:				

ENROLLMENT FORM (for IADVL LMs) [To be filled in BLOCK LETTERS]

Name of Applicant:				
			ications:	
)			
City	Pin Code		State_	
			Clinic:	
Mobile No. :	E-	mail:		
			reby apply for the Membership of DV	
I enclose herewith Dema	and Draft/ChequeNo	date	drawn on	
for Rs. (Rup	ees)	
Details of other mode	of Payment			
3. Advance Fraternity	p Fees(Increment of Rs. 50/- Contribution(AFC) al/as per type of practice)	every year) Total	Rs	
and I agree to pay the an	nount demanded.		held no information whatsoever in roved by the General Body of this Tru	
Full Name of the Nomin	ee :			
Signature of Nominee/G Relationship with applica		of minor):		
Date:	<u> </u>		Signature (applicant):	_
Proposed By. Dr	LM No.:		Signature (of proposer):	

INSTRUCTION TO APPLICANTS

DETAILS OF CHARGES ON ADMISSION.

(The Fees payable shall be as under per member enrolled)

1. Admission fees: (Non Refundable)

Age in Years	Admission fee
upto the age of 10 years	Rs. 1000
11 of 20 years	Rs. 1500
21 of 30 years	Rs. 2000
31 of 40 years	Rs. 3000
41 of 50 years	Rs. 4000
51 of 60 years	Rs. 5000
61 of 70 years	Rs. 7000
above 70 years	Rs. 8000

- 2. Annual Membership Fees: Rs.700/- Per member (for Year 2020)
- 3. Advance fraternity contribution

Every Member has to pay initially Rs. 2,000/- as advance F.C. Per member/beneficiary enrolled

4. Legal Fees (optional)

Legal fees will be received from regular/primary member only.

(The indemnity coverage will be Rs. 7 lacs, per case and Rs. 15 lacs aggregate per year. If member wishes, the indemnity coverage can be doubled by paying double the legal fees.)

For Consultant with only office practice

Rs. 1000/- peryear.

For Consultant with practice of cosmetic, laser &other procedures

Rs. 3000/- peryear.

5. Note

- 1) If application form is not duly completed, it will not be accepted.
- 2) 3 passport sized photograph to be provided with the form.
- 3) Certified Photocopy of Birth Date Proof (Attested copy of School leaving certificate / passport / driving license or any other supportive documents.), LM certificate IADVL HQ & Medical Council Registration Certificate must accompany with this form.
- The admission to any applicant is subject to approval by the Managing Committee of the scheme and shall be final and binding on the applicant.
- 5) Modes of payment-1) Cheque/ DD payable at Vadodara in favour of "DVL Welfare Trust".

2)NEFT- DVL WELFARE TRUST, Ac No 36696142786, SBI. DANDIA BAZAR.VADODRA. IFSC-SBIN0003393

3) Online transfer or Credit card. Visit www.dvlwelfaretrust.org

- 6) Please make separate payments for each application, otherwise your application may not be accepted.
- 7) In case, where nominee is minor or illiterate, the left thumb impression must be taken.
- 8) Members will be liable for Benefit of scheme after completion of one (1) year of membership of the Trust. However nominee of member be entitled for such benefits if death of members occurs in accidents even within one year of joining the Trust.
- 9) Separate forms to be filled for every member.
- 10) This form is designed to work on a PC and kindly do not attempt to fill the from on mobile devices.
- 11) This form works best with Adobe Acrobat Reader version 10.0.0 or later. Please update your Acrobat Reader if you face any difficulty to execute the works on the form. Once the appropriate information is filled, you may "Save As' a new file name before printing or go to print straight away.
- 12) Please take a print out of the filled form, affix your photograph, sign and send it the office to process your request.