DERMATOLOGISTS, VENEREOLOGISTS & LEPROLOGISTS WELFARE TRUST

REG. NO.: F/2788/VADODARA

Shreeji Chambers, Brahmpuri, Dandia Bazar, Vadodara-390001, Gujarat
Phone (0265)2431085
http://www.dvlwelfaretrust.org email:dvlwelfaretrust@gmail.com

Paste one Photograph	**FOR OFFICE USE**
	DVLWT NO. _____
	Branch : _____ State : _____
	Category IADVL LM (Benef) Date : _____
	Signature:_____

ENROLLMENT FORM (**for IADVL LM's Beneficiary members**) [To be filled in **BLOCK LETTERS**]

Name : _____

Sex: _____   Age : _____ DOB : _____ Qualifications : _____

IADVL Member LM Name _____ LM NO _____

Address : _____

City_____ Pin Code_____ State_____

Tel. No.: STD Code : _____ Residence : _____ Clinic : _____

Mobile No. : _____ E-mail : _____

I, _____ the undersigned hereby apply for the Membership of DVL Welfare Trust.

I enclose herewith Demand Draft / Cheque No._____ date_____ drawn on_____ for
Rs. _____ (RS _____)

Details of other mode of Payment_____

1. Admission Fees (as per age)   Rs. _____
2. Annual Membership Fees (Increment of Rs.50/-every year)   Rs. 700 (Year 2020)
3. Advance Fraternity Contribution(AFC)   Rs. 2,000/-
4. Advance Payment (optional)   Rs. _____
5. Total   Rs. _____

I do hereby declare that the above information is true and I have withheld no information whatsoever in the Application, and I agree to pay the amount demanded.

I further agree to abide by the conditions laid down in the constitution approved by the General Body of this Trust.

Full Name of the Nominee : _____

(Only one name in Capital letter) if nominee is minor, D.O.B. _____

Signature of Nominee/Guardian with name (in case of minor) : _____

Relationship with applicant : _____

Address of Nominee : _____

Signature of the applicant   Date _____

Name of LM_____   DVLNo.:_____   Signature of (LM): _____

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   Note
    1. Only for family members of DVLWELFARE TRUST members.
    2. If application form is not duly completed, it will not be accepted.
    3. 3 passport sized photograph to be provided with the form.
    4. 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.
    5. The application form must be signed by the Regular member of DVLWELFARE TRUST
    6. 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.
    7. Modes of payment:
        a. Cheque / DD payable at Vadodara in favour of "DVL Welfare Trust".
        b. NEFT- DVL WELFARE TRUST, Ac No 36696142786, SBI, DANDIA BAZAR,VADODRA. IFSC-SBIN0003393
        c. Online transfer or Credit card. Visit. www.dvlwelfaretrust.org.
    8. Please make separate payments for each application, otherwise your application may not be accepted.
    9. In case, where nominee is minor or illiterate, the left thumb impression must be taken.
    10. 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.
    11. Separate forms to be filled for every member.
    12. This form is designed to work on a PC and kindly do not attempt to fill the from on mobile devices.
    13. 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.
    14. **Please take a print out of the filled form, affix your photograph, sign and send it the office to process your request**.