Ahmedabad Medical Association Members Directory

REGISTRATION MEMBERS FORM

AMA Reg. No. :

DOCTORS'S NAME :

SURNAME

FIRST NAME

MIDDLE NAME

DEGREE : _____

Phone-1 : _____ **Phone-2 :** _____

Phone(R) : _____ **Mobile :** _____

HOSPITAL NAME :

E-mail : _____

Website : _____

I wish to give advertisement in

Members Directory YES ☐

_____ _____

Date **Sign & Rubber Stamp**

Please Tick only one ☑

- ☐ Doctors - Anaesthetists
- ☐ Doctors - Cardiac Thoracic Surgeon
- ☐ Doctors - Cardiologists
- ☐ Doctors - Chest Specialists
- ☐ Doctors - E-N-T
- ☐ Doctors - Endocrinologists
- ☐ Doctors - Family Physician
- ☐ Doctors - Gastroenterologists
- ☐ Doctors - Gastrosurgeon
- ☐ Doctors - Neonatologist
- ☐ Doctors - Nephrologist
- ☐ Doctors - Neurophysician
- ☐ Doctors - Neurosurgeon
- ☐ Doctors - Obstetricians & Gynecologists
- ☐ Doctors - Oncophysician
- ☐ Doctors - Oncosurgeon
- ☐ Doctors - Opthalmologist
- ☐ Doctors - Orthopaedic
- ☐ Doctors - Paediatric Surgeon
- ☐ Doctors - Paediatricians
- ☐ Doctors - Pathologists
- ☐ Doctors - Physicians
- ☐ Doctors - Plastic Surgeons
- ☐ Doctors - Psychiatrists
- ☐ Doctors - Radiologists
- ☐ Doctors - Skin (Dermatologists)
- ☐ Doctors - Surgeon
- ☐ Doctors - Urosurgeon
- ☐ Doctors - Others

Terms & Conditions : • For expeditious registration please ensure that all information given in the form is complete & correct.
• The above categories are specified & approved by Ahmedabad Medical Association. No additional category can be opened
• If no tick is marked then category will be Doctors - Others

Please Fill the above and send it to : NEXT GEN PUBLISHING LTD.
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