



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 Web: www.commedjournal.in
 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			
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 (Only through Online payment-ECS)			
Membership/Other (Rupees)		RS.2500/- (Rupees Two Thousands and Five Hundred 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,TamilNadu		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	E-Mail: dopnjrcm@gmail.com Website: www.commedjournal.in		
OFFICE USE ONLY			
Fee Credited on		Receipt	
Enrolment Number		Certificate	
SECRETARY		PRESIDENT	