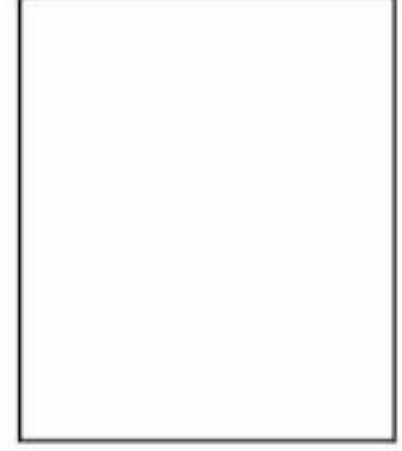


TELANGANA TEACHING GOVERNMENT DOCTORS ASSOCIATION

Reg No: 129/2022

Mobile No. : 8309704800

Mail Id:ttgdacentral@gmail.com



MEMBERSHIP FORM

Date: _____

- 1) Name : _____, S/o _____
- 2) Age : _____ 3) Sex : _____
- 4) DOB : _____ 5) Designation : _____
- 6) Department : _____
- 7) Date of joining as Assistant professor _____
- 8) Place of work _____
- 9) Present address : _____
- 10) Permanent address : _____
- 11) Mobile No. : _____
- 12) e-mail I'd : _____
- 13) Membership Fee details : Cash / Transaction Details

Signature of applicant

Signature and Stamp of
General Secretary, Local Branch

Signature and Stamp of
Hony. Secretary General, TTGDA