



World NCD Federation

Office Address:

11, Karuna Sadan Building, Sector-11, Chandigarh, India.

INDIVIDUAL MEMBERSHIP FORM

Name in full (BLOCK LETTERS).....

Educational Qualification.....

Present Designation

Institution/Department.....

Date of Birth.....

Mailing Address:.....Pin Code.....

Phone (Office):.....Phone (Residence)

Mobile.....Email.....

Field of Specialization.....

No. of Publication in Indexed Journal:.....

Are you a member of any professional association working at national and international level in Public Health, Diabetes, Cardiovascular Diseases, Chronic Respiratory Diseases, Cancer, Stroke, Chronic Kidney Disease, Mental Health and Health Promotion- Yes/No

If yes, please specify:.....

Life membership no.:

I pledge to work for prevention and control of noncommunicable diseases and will abide by the rules and regulations of World NCD Federation. I will try my best to promote healthy life among people and myself to prevent lifestyle diseases.

Signature of the applicant with date

Approved by:

(Secretary)

(President)

Part B: Office Use	
Receipt	
Date.....	
Membership ID.....	
Signature of the official.....	

Bank details for online transaction of Membership fees
• Name of the Account- 'World NCD Federation'
• Account No. 34781536663
• Name of the Bank-State Bank of India (SBI)
• Branch name- Medical Institute Branch, PGIMER, Chandigarh
• IFSC Code: SBIN0001524