

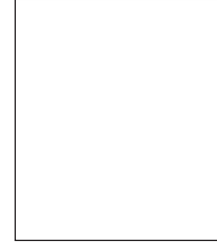
**For Office use only**  
Date.....  
Membership No.....



GSTIN : 09AAKAA3258R1Z1  
REG. NO. : AGR/10040/2019-2020  
PAN NO. : AAKAA3258R  
Registered under 80G and 12A of Income tax act

# ACADEMY FOR CLINICAL EXCELLENCE AND RESEARCH

## Membership Form



To,  
The Secretary,  
Academy For Clinical Excellence and Research

Sir,

I hereby request to kindly enroll myself as LIFE member of the forum. I shall work for the noble cause and shall abide by the constitution. I am enclosing the requisite fee and the particulars as desired :

Name : .....

Age : ..... Sex : .....

Qualification.....

Designation : .....

Speciality : .....

Address for correspondence.: .....

.....

Ph.: Resi.: ..... Clinic : .....

Whatsapp..... Cell : .....

E-Mail : .....

Date : .....

Signature : .....

### Bank Detail :

Account Name : **ACADEMY FOR CLINICAL EXCELLENCE AND RESEARCH**  
Account No : 540002010108233 Branch : Agra Development Authority, Agra  
Bank Name : Union Bank of India IFSC Code : UBIN0554006

**Registration fees 2360** (Inclusive of 18% GST)

Payment details Cash/Cheque/DD no.....

Date..... Bank & Branch.....

President  
**Dr. Prabhat Agrawal**

Secretary  
**Dr. Ashish Gautam**

Treasurer  
**Dr. Nikhil Pursnani**

Secretariate: D1 Sulahkul Nagar, Bodla - Sikandra Road, Agra- 282010. Contact No- 9829209676  
Web. : <http://www.aceragra.com> | E-mail : [aceragra@yahoo.com](mailto:aceragra@yahoo.com)