



# WOMAN DOCTORS ASSOCIATION

TAMIL NADU

www.wda.co.in

## ENROLLMENT FORM

Photo required  
for preparing  
membership  
card

Name :  
Qualification & Designation :  
Address : Residence Clinic / Official  
Landline / Mobile Number :  
Email ID :  
Education Status : College Year  
U.G  
P.G.  
Professional area of Interest & Hobbies :  
Husband's Name & Occupation :  
Membership : Life Member : Registration + Membership card : Rs.2500/-

### Demand Draft Details

DD in favor of **Woman Doctors Association, Tamilnadu (Payable at Chennai)**

Demand Draft no :

Bank :

Date :

Place :

Signature

### Contact Details

**Dr. M.L. Shyamala M.S**

**President – WDA, TN**

New No 105, K.R.Kovil Street

West Mambalam

Chennai – 600033

Mobile : 9840136611

Email : ml\_shyamala@yahoo.co.in

### For Office Use

Received Date :

Receipt sent on :

Membership No :