

MEMBERSHIP FORM

Prothsahan TEAM (together everyone achieve more)

(regn no: S/S8039/2007, dated: 7th March 2007),

Encourage Human towards HumanKind

HO: T-301, 3rd floor, LSC, Pocket B&E, Chetak Complex, Dilshad Garden, Delhi-110095, INDIA

T/F: 91-11-22131125, web: www.prothsahanteam.org

(Under Sec. IT Act 80G : DIT(E)2008-2009/P-1256/3252, dt: 27/3/09, valid: AY 2009-10 to AY 2010-11)

SHRI ML SHARMA LARYNGO CARE CLUB

Registration No : PT---81211-----

Personal Detail

- 1 Name: Father's Name:
- 2 D.O.B. Sex:
- 3 Address:
- 4 Contact No ® (O)..... (Mob)
- 5 Email :
- 6 Profession:
- 7 Doctor Hospital
- 8 Date of Operation Doctor
- 9 I am interested in :
- | | | |
|-------------------|------------------------|-------------------|
| Voice prosthesis | Electrolarynx Device | Laryngectomy Care |
| Speaking Handfree | Electrolarynx Handfree | Tracheostomy Care |
- 10 Please tell us about your problem :

- 11 Registration Amount Rs 100/- in cash.
- 12 I am sending Rs...../- Cash / Cheque No.....
- Bank Detail.....
- Dated:...../...../....., for Membership () / Charity ()
- 13 References
- Name.....Occupation.....
- Address.....
- Contact No.....Email.....

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