



Medical Welfare Association

www.medicalwelfareassociation.com

info@medicalwelfareassociation.com

ABOUT MWA

Medical welfare Association is formed by the medical and non – medical professionals for the welfare of the medical sector in India. This association has the aim of maintaining the honour and dignity of the medical profession. The association helps the doctors and other health professionals in conditions of medico legal cases, or any kind of legal advisory related to the medical related field. We also conduct educational programs, workshops, exhibitions, workshops for the upliftment of the medical field.the association also conducts free check up camps, treatment camps, medical awareness programmes for the welfare of the society.

The journey of miles begins with a single step....This association is formed with the aim of uniting the medical professionals....For the welfare and upliftment of the same...



Benefits for MWA Members

1. Medico legal help:

we have experienced judges and advocates to give relevant advice and guide our members in right directions.

2. Financial support:

Our financiers provide interest free financial support to the new practitioners.

3. PR support:

our PR team gives digital and print media support to increase national visibility of the doctor to increase footfall of patients.

4. Risk management:

our security team provides all kind of help in risky situation to the doctors.

5. Workshop & Camp:

The Foundation organizes regular awareness camps & Workshop .



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Medical Welfare Association

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Photo

MEMBERSHIP APPLICATION FORM

Annual/Direct Membership Application Form
(All details to be filled in Block Letters)

Member's Signature

S.No.

Membership Proposed by Dr. _____ MWAHqrs.' Membership No. _____

To,
The Honorary Secretary General
MWA

Dear Sir,

I hereby apply to be enrolled as a member of the Medical Welfare Association as _____ member through
Local Branch _____ under the _____ State/Territorial Branch of MWA

Member's Name(IN BLOCK LETTERS): _____

Father's/Husband's Name: _____ Date of Birth

DD MM YYYY

Address(Permanent/ Correspondence): _____

Clinic/Hospital Address: _____

Mobile No. _____ Tel. (R) _____ Tel. (Clinic/Hospital) _____

Email ID. _____ Fax No. _____

QUALIFICATION	(1)	(2)	(3)
COLLEGE			
UNIVERSITY			

Designation (Practice/Job): _____

Registration Details:(Photocopy of Registration Certificate to be enclosed with MWA Hqrs. Form)

Registration No. _____ Date: _____

Service (details): _____

Mode of Payment : Cash / Cheque / DD in favour of Medical Welfare Association

Details of Account :

Medical Welfare Association

Account No. 199010200003377

IFSC Code : IBKL0001990

Bank Name : IDBI

Date: _____

Place: _____ Signature of the Applicant

Certified that I have verified the qualifications and registration of the applicant and his eligibility as per rules of MWA for being enrolled as member of the Medical Welfare Association.

Signature & Stamp of
Hony. Secretary, Local Branch

S.No.

Member's Name _____

Registration No. _____

Received at MWAHqrs.

Membership confirmed on _____

Signature & Stamp of **Hony. Secretary General**