



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/-

Payment : Cash / NEFT

“ Woman Doctors Association, Tamilnadu”

Indian Bank, 103, New Avadi Road, Kilpauk, Chennai - 600 010.

Account No. 416538946 IFSC Code:IDIB000K037

Signature

Contact Details

Dr.Nandita Thakkar M D (OG)
president-WDA TN
Mobile - 9840090999

Dr. A. Sudha,
DLO, DNB [ENT]
Treasurer-WDA TN
Mobile - 9940134135

Dr. K. Namitha Bhuvaneshwari,
MS, DO, MBA [HA]
secretary-WDA TN
Mobile - 9444288784

*Kindly send a screenshot of transaction details and filled enrolment form
to treasurer number and E mail to wdatn1975@gmail.com*

For Office Use

Received Date :

Receipt sent on :

Membership No :