



# 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. Ranjanakumari, MS (ENT), DLO,**  
**President – WDA, TN**  
Mobile : 9841130041

**Dr. A. Sudha, DLO, DNB (ENT)**  
**Secretary - WDA TN**  
Mobile - 9940134135

**Dr. M. Maheswari, MBBS, DLO,**  
**Treasurer - WDA TN**  
Mobile - 9444066714

*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 :