



The Federation of Clinical Sonologist

Correspondence Address: Administrative Officer The FOCS,
Shivangi Clinic Building, Wazidpur Dakshini, Jaunpur-222002 (U.P.)

Call: +91-6388404488 **Write to us:** hifocs@gmail.com

Website: www.focs.org.in

Membership Application Form



(All Detail to be filled in Capital Letters)

Date:.....

Name of State Association Proposed	
If Not Member of Any Association then mention State & District	

Recent Photograph
With Cross Signature

To,
The Honorary Secretary
The Federation Of Clinical Sonologist

Dear Sir,

I hereby apply to be enrolled as a member of The Federation Of Clinical Sonologist (The FOCS) through under the State.....

Member's Name (as per MCI/SMC Certificate).....

Father/Husband's Name											Date of Birth																													
Correspondence Address (Clinic/Hospital/Residence)																																								
Email Id																																								
Cell Phone No.																						Cell Phone No. with WhatsApp																		
Tel.(1) (Res/Clinic/Hospital)																						Tel.(2)(Res/Clinic/Hospital)																		
Qualification	M.B.B.S.					Diploma/Post Graduation																																		
College																																								
University																																								

Designation (Practice/Job)	
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Registration Details (Required photocopy of below with application)	
1.	Registration No. of MCI/State Medical Council:
2.	C.M.O. Registration No:
3.	P.C.-P.N.D.T. Registration No:
4.	PAN Card Details:
5.	Aadhar Number:

I declare that I am registered with my State Medical Council/MCI. I certify that all details/documents furnished are true. If my statement is found to be incorrect my membership would stand to be cancelled and the fee paid by me to The Federation of Clinical Sonologist (The FOCS) will be liable to be forfeited by them. I here give undertaking that I am not involve in sex determination or female foeticide, No legal proceeding pending against me related with PC-PNDT at the time membership form submission & honestly doing my services for humanity with moto every life matter. I shall abide by the Rules and Regulation of The Federation Of Clinical Sonologist (The FOCS).

Signature of Applicant

Certified that I have verified the qualifications and registration of the applicant and his eligibility as per rules of The Federation Of Clinical Sonologist (The FOCS) for being enrolled as member.	Signature & Stamp of Hony. Secretary The Federation of Clinical Sonologist
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Bank Account Details:
THE FEDERATION OF CLINICAL SONOLOGIST
Current A/C Number : 510101006588557, UNION BANK OF INDIA, WAZIDPUR, JAUNPUR, UTTAR PRADESH IFSC: UBIN0931837, MICR CODE: 222026006

Note: Membership will commence only after it is approved and confirmed by the Hony. Secretary, The Federation Of Clinical Sonologist Mode of payment through A/C Payee Cheque or N.E.F.T. No Cash payment will be accepted by any of The Federation Of Clinical Sonologist (The FOCS) Member.