



**AKMG EMIRATES**  
**ASSOCIATION OF KERALA MEDICAL GRADUATES, EMIRATES**  
**MEMBERSHIP APPLICATION FORM**

|                                       |                       |
|---------------------------------------|-----------------------|
| LIFE SINGLE / LIFE COUPLE / ASSOCIATE | <b>Membership No:</b> |
|                                       | <b>CHAPTER :</b>      |

|               |                       |
|---------------|-----------------------|
| <b>NAME :</b> | <b>MOH/DOH Reg #:</b> |
|---------------|-----------------------|

**A. Professional Details:**

|             |          |           |     |                        |
|-------------|----------|-----------|-----|------------------------|
| Institution | Position | Telephone | Fax | Mailing Address in UAE |
|             |          |           |     |                        |

**B. Educational Details:**

| DEGREE    | SPECIALITY | INSTITUTION TRAINED AT & YEAR |
|-----------|------------|-------------------------------|
| MBBS      |            |                               |
| BDS       |            |                               |
| DIPLOMA   |            |                               |
| PG Degree |            |                               |
| OTHERS    |            |                               |

**C. Personal Details :**

|                             |         |          |                |                               |
|-----------------------------|---------|----------|----------------|-------------------------------|
| Date of Birth               | Res.Tel | Mobile # | E mail address | Permanent Address&Tel#(INDIA) |
|                             |         |          |                |                               |
| Special Interests/ Hobbies: |         |          |                |                               |

**D. Family Details:**

|                |     |                |            |       |        |                      |
|----------------|-----|----------------|------------|-------|--------|----------------------|
| Name of Spouse | Age | Qualifications | Profession | D.O.B | Mob.No | Work Address& Tel.No |
|                |     |                |            |       |        |                      |

|                  |          |               |                              |
|------------------|----------|---------------|------------------------------|
| Name of Children | Age, Sex | Date of Birth | Education, Special Interests |
|                  |          |               |                              |
|                  |          |               |                              |

**E. Declaration**

I/We declare that I am/We are Medical/Dental practitioner/s (Modern Medicine) of Kerala origin and heritage with a licence to practice in UAE. I/We hereby declare that the above information is correct. I/We hereby apply to be enrolled as an Life /Couple Life/ Associate member of AKMG Emirates. I/We hereby give the undertaking that I / We shall abide by the Rules and regulation of AKMG Emirates.

Date: \_\_\_\_\_

Signature : \_\_\_\_\_

Spouse Member : \_\_\_\_\_

Place: \_\_\_\_\_

------(Please fill in and Hand Over to the Chapter Secretary of Respective Emirate.)-----

**Temporary Receipt**

|             | <b><u>Membership Dues</u></b> |                |
|-------------|-------------------------------|----------------|
|             | <u>New</u>                    | <u>Renewal</u> |
| Life Single | Dhs1000                       | -              |
| Life Couple | Dhs1500                       | -              |
| Associate   | Dhs 50                        | Dhs 50         |

|                             |
|-----------------------------|
| Received Dhs.....           |
| From.....                   |
| .....                       |
| Chapter Secretary/Treasurer |
| (Name & Signature)          |