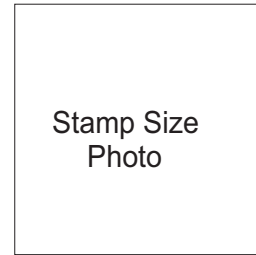




**MEDICAL LABORATORY OWNERS ASSOCIATION
STATE COMMITTEE -
REGD. No. ER 409/10**

APPLICATION FOR MEMBERSHIP



Renewal

New

Personal details

Name of Owner Mr/Mrs:.....

Year Of Joining MLOA: Date of Birth:..... Blood Group :.....

Name of Nominee:.....Date of Birth :.....Relation.....

Blood Group:.....

Residential Address:

.....Pin.....

Phone No:.....WAP No:.....

Mail ID.....Web :.....

Establishment Details

Name :.....

District:.....

Address:.....

.....

.....Pin.....Contact No.....

Building: Owned Rent SqM:.....

Documents Details

KCEB Licence (Local Authority) Para Medical Reg Pollution Image Labour

Quality Control System: Internal External

Accreditation: NABL NABH Others

Department

Haematology Biochemistry Microbiology Immunochemistry Pathology Molecular Biology

Facilities

X-Ray Ultrasound CT MRI ECG Others

I declare that the above is true and I will abide by the all rules and regulations of the Association.

Name and Signature

Date:

Office Seal

-----For Office Use only-----

M/s.....

has been enrolled as a member of the Association from :

Regd. No:

Receipt No:

Remarks:

Doc. No:

Date:

President/Secretary
District Committee.