



# The Commonwealth Association for Health and Disability

( Recognized by The Commonwealth Foundation UK )  
( Estd - 1983 )



## MEMBERSHIP APPLICATION FORM

Surname (Family Name) : \_\_\_\_\_

Given Name : \_\_\_\_\_

Sex : \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Professional Designation : \_\_\_\_\_

Address for Communication : \_\_\_\_\_

\_\_\_\_\_

Telephone (with STD/ISD) : (O) \_\_\_\_\_ (R) \_\_\_\_\_

Mobile (with Country code) : \_\_\_\_\_ Fax : \_\_\_\_\_

e-mail : \_\_\_\_\_

Home / Professional address : \_\_\_\_\_

\_\_\_\_\_

Telephone (with STD/ISD) : (O) \_\_\_\_\_ (R) \_\_\_\_\_

Mobile (with Country code) \_\_\_\_\_ Fax : \_\_\_\_\_

Profession (state speciality) / occupation : \_\_\_\_\_

(ie. Social worker, Teacher, Parent, Nurse, Doctor etc.) \_\_\_\_\_

**Indicate** your special interest or responsibility in the field of intellectual / development disabilities :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## INFORMATION ABOUT YOUR ORGANISATION

If you already belong to any organizations or professional bodies working in the field of intellectual or developmental disabilities, please complete the details below for our record and communication.

Name : \_\_\_\_\_

Address : \_\_\_\_\_

Tel. No. (STD/ISD) : (M) \_\_\_\_\_ (O) \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Nature of Activities :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I wish to become a member of **COMHAD** & enclose membership fees for 10 yrs.

(Rs. 2500/- for India / US \$ 50 for Developing Countries & US \$ 100 for Other Countries)

Kindly make Payment by Demand Draft payable to "**COMHAD**" and mail to us, OR by **NEFT / RTGS / Online Fund Transfer** as per bank details given below. **Kindly inform immediately** the **NEFT / RTGS payment details with UTR No.** by Email: dryashwantpatil@gmail.com; OR by SMS on Mobile number (WhatsApp): 0091 9423101363.

### BANK DETAILS FOR ONLINE TRANSFER (NEFT/RTGS Payment)

Account Name: **COMHAD**

**Savings Account Number:** 3042127926

**Bank & Branch Name:** Central Bank of India, Dharampeth Branch, Nagpur 440010, MS, India.

**IFSC Code:** CBINO281229 **MICR Code:** 440016008

Name & Signature

Date :

(Seal)

Please send form with DD to : **Dr Yashwant Patil**  
**International President COMHAD UK**  
Gaurav Child Clinic, G-12, First Floor, Anjuman Complex,  
Residency Road, Sadar, NAGPUR – 440001 (M.S.) India.  
Phone: 0091 712 2584060, 2570033, Cell: 0091 9423101363.  
Email: dryashwantpatil@gmail.com Website: **www.comhad.com**

### Eligibility criteria

The membership will consist of individual professional & non-professional members from Commonwealth Countries, individual professional & non-professional members from national organizations in the Commonwealth, Affiliated member organizations in the Commonwealth, and any other institution / association / society / NGO / Trust with similar objectives. Eligible members should have at least 5 years involvement / contribution in the field of prevention and cure of physical or mental handicaps and developmental disabilities or related community or institution based work experience.