



# The Commonwealth Association for Health and Disability

( Recognized by The Commonwealth Foundation UK )

( Estd - 1983 )

PLEASE  
AFFIX  
PHOTO

## 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 :

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## 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)

ONLINE PAYMENT (NEFT/RTGS) – BANK DETAILS

Savings Account name: COMHAD

Bank & Branch Name: IDBI Bank, 935, Trivedi Building, Lal Bahadur Shastri Chowk,  
Dharampeth, Nagpur - 440010, Maharashtra.

Branch: Dharampeth Branch

Account Type: Savings

Account Number: 0543104000094407

IFSC Code: IBKL0000543 MICR Code: 440259012

OFFLINE PAYMENT

Demand Draft in favour of "COMHAD" payable at NAGPUR.

Note: Kindly share the payment details (Online – NEFT/RTGS payment with UTR No. OR Offline – DD No, Bank name, Branch & city name) in the online membership application form or by Email [dryashwantpatil@gmail.com](mailto:dryashwantpatil@gmail.com); or on Mobile number: 0091 9423101363 (WhatsApp) positively. Receipt will be issued once verified from bank account.

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](mailto:dryashwantpatil@gmail.com) Website : [www.comhad.com](http://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.

( P.S. : You can attach separate sheet if needed for submission )