



The Commonwealth Association for Health and Disability

(Recognized by The Commonwealth Foundation UK)

(Estd - 1983)



MEMBERSHIP APPLICATION FORM

Surname (Family Name) : _____

Full Name with Prefix : _____

Gender : _____ Date of Birth : _____

Qualifications : _____ Occupation : _____

Professional Designation : _____

Address for Correspondence : _____

District : _____ City _____ State _____ Postal Code _____ Country _____

Telephone (with STD/ISD) : (O) _____ (R) _____

WhatsApp Mobile (with Country code): _____ Fax : _____

E-mail : _____

Home / Professional address : _____

Telephone (with STD/ISD) : (O) _____ (R) _____

Mobile (with Country code) _____ Fax : _____

Profession (Specify speciality) : _____

(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)

ONLINE PAYMENT (NEFT/RTGS) – BANK DETAILS

Savings Account name: **COMMON HEALTH ASSOCIATION FOR DISABILITY**

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 "COMMON HEALTH ASSOCIATION FOR DISABILITY" 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 : drkprajakta@gmail.com; or on Mobile number : +91 9595563011 (WhatsApp) positively. Receipt will be issued once verified from bank account.

Name & Signature

(Seal)

Date :

Please send form with DD to : **Dr Prajakta Ajay Kaduskar**

Hon. Secretary General COMHAD

Blooming Buds Child & Adolescent Care Centre, Niramay Clinics, 572, Indu-Bhaskar,
Opp. Dinanath High School, Dhantoli, Nagpur - 440012, MS, India.

Cell : +91 9595563011

Email : drkprajakta@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.