



HYDERABAD INDIA

THE PARENTS ASSOCIATION OF LIAONING MEDICAL UNIVERSITY

(Regd. No. 1138/2014)

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MEMBERSHIP FORM

1. Full Name : _____
2. Son/Daughter Name : _____
3. Year of Joining : _____
4. Contact Address : _____
in India (with Pincode) _____

5. Email ID : _____
6. Mobile No.(s) : _____
7. Membership fee payment Status : Paid / Not Paid

A/c Details

A/c Name : M/s. The Parents Association of LMU

A/c No. : 33172200002020

Bank Details : Syndicate Bank, Narapally Branch, RR District, Telangana

IFSC No. : SYNB0003317

Signature : _____

Note: Please send filled up Membership form either by post or by e-mail or as snapshot to whatsapp (of Mobile nos of above Members).

Also send details of payment as SMS or Whatsapp or E-mail