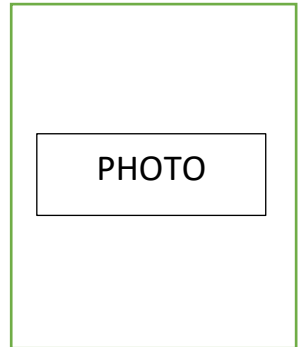


MEDINS LEGAL



LEGAL AID FOR MEDICAL PROFESSIONALS

MEMBERSHIP REGISTRATION FORM

Date-

PARTICULARS-

Name of Medical Director/Owner/Partner- _____

Name of the Pathology - _____

Address of the Pathology- _____

PIN- _____ City- _____ State- _____

E-mail Id- _____ Contact Details- _____

Year of Establishment- _____

Number of Staff/Lab Technician working- _____

Whether the Pathology has been registered and have obtain requirements as prescribed under the law-

1. Certification from National Accreditation Board for Testing and Calibration Laboratories (NABL)?
2. Certificate from Good Clinical Practices (GCP)?
3. Registration with Shops and Establishments Act?
4. Registration with the Clinical Establishment Act?
5. Registration with biomedical waste disposal body?
6. Approval for waste generation from state pollution board?

7. No Objection Certificate (NOC) from the fire department?
 8. NOC from municipality? _____

Whether the Pathology has been registered as –
 Proprietorship/ LLP/ Partnership _____

Year of Establishment- _____

Existing policy or membership with any insurance company (Yes/ No) If yes, name of
 Insurance Company- _____

Name of Policy- _____ Sum insured- _____ Any claim experience- _____

Any pendency or litigation relating to medical or personal- _____

If yes, please share the brief description about the nature and stage of litigation (this detail is
 required if you wish to have our membership for non-medico legal cases as well)-

If you wish to take membership for any colleague doctor/ please share their name with
 educational qualification- _____

If you get the membership for any other qualified Staff/Lab Technician. If yes, please share the
 details-

Any other information- _____

PAYMENT DETAILS-

DATE	DRAWN ON	CHEQUE NO./DD/NO	AMOUNT	NOTES

As per Services of Medins Legal I hereby voluntarily declare to be a member of Medins Legal for
 which I deposit Rs. _____ for _____ year/s and I am quoting my details above.

Date-

Place-