

CONSENT LETTER

I give my consent to be Member Regional Consultant for Arthritis Foundation of India Trust Regd (AFI). I am aware that AFI Trust is running a public awareness and scientific campaign against Osteoporosis and Arthritis in the public interest. I would also be happy to help these campaigns.

I assure you my full cooperation.

| | |
|---|--|
| Name | |
| Qualification | |
| Address (Residence) Phone Nos. | |
| Address (Clinic) with timings & Phone Nos. | |
| Address (Hospital) with timings & Phone Nos. | |
| Mobile Nos. | |
| Email Address | |

I hereby enclose a DD/Chq. of Rs. 6,000/- Number_____ drawn on_____ bank dated_____ in favour of "Arthritis Foundation of India Trust" to register my name on www.arthfound.org. I am also sending self attested photocopies of my M.B.B.S. and post graduation certificates.

Signature:

Date:

Place:

Please courier back to us at our correspondence address below:

Arthritis Foundation of India Trust
15-A, Pocket-B
Mayur Vihar Phase-II
Delhi 110091
Tel. No. 91-11-2273 2895