



## Association of Diagnostics Manufacturers of India

### Membership Application Form

Name :  
Designation :  
Company :  
Address :  
Tel.No. :  
Fax No. :  
E-mail :  
Website :  
Constitution : Ownership/Partnership/Pvt.ltd./Ltd.  
Payment Details : DD No.  
Date :  
Bank :  
SSI Reg. No.:(If any) :  
(Please enclose a copy)  
F.D.A. Lic. No.  
(Please enclose a copy)

Signature of the applicant with stamp

Date of Application

Designation:

Dr. D.K. Joshi  
President

Nital Patel  
Vice President

Ms. Veena Kohli  
Secretary

Abhinav Thakur  
Treasurer

S. Valsan  
Executive Member

Subhas Punja  
Executive Member

Dr C.S. Satheesh Kumar  
Executive Member

President's Office: 424, New GIDC, Kablipore, Navsari - 396424 | Ph. +91-2637-265590/265790. E-Mail: president@admi-india.org | dkjoshi@beaconindia.com

FOR CORRESPONDENCE

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[www.admi-india.org](http://www.admi-india.org)