



World NCD Federation

Office Address:

11, KarunaSadan, Sector-11, Chandigarh

INSTITUTIONAL MEMBERSHIP FORM

1. Name of the institution/organization _____
2. Is the organization registered Yes/No
3. If yes, under which Act _____
4. Does the organization has any other WHO /UNaffiliation/registration?
5. The key activities/focus areas of the organization include

6. How could you contribute to the activities of World NCD Federation?

7. Contact Address

8. Contact No. _____
9. Email Id: _____

Our association/organization do, hereby, commit for the broad agreement of partnership with World NCD Federation. We will try our best to promote healthy lifestyle among people and will work for preventing lifestyle diseases.

(Signature of the Applicant with date)

For official use only

(Signature of the President)

(Signature of the Secretary)

Receipt No. _____

Bank details for online transaction of Membership fees

- Name of the Account- 'World NCD Federation'
- Account No. 34781536663
- Name of the Bank-State Bank of India (SBI)
- Branch name- Medical Institute Branch, PGIMER, Chandigarh
- IFSC Code: SBIN0001524