



## INSTITUTIONAL MEMBERSHIP FORM FOR THE YEAR (2019 - 2020)

Name of the Hospital/Institute : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_

City/State : \_\_\_\_\_

Contact Email Id : \_\_\_\_\_

DNB Co-ordinator : \_\_\_\_\_

DNB Co-ordinator : \_\_\_\_\_

DNB Co-ordinator Mobile No : \_\_\_\_\_

DNB Co-ordinator Email Id : \_\_\_\_\_

DNB Courses Conducted : \_\_\_\_\_

Total Number of DNB Courses : \_\_\_\_\_ (1 to 50) x Rs 1000 (Per Course)

Total Amount : \_\_\_\_\_

### BANK DETAILS:

**Account Name** : Association of National Board Accredited Institutions,  
**Bank** : Canara Bank,  
**Ac No** : 0425101050231,  
**Branch** : Hebbal, Bellary Road, Bangalore 560024,  
**IFSC** : CNRB0000425,  
**Address** : ANBAI, 29 GVR Plaza, Bellary Road, Hebbal, Bangalore 560024.

Please make the Cheque / Draft in the name of "**Association of National Board Accredited Institutions**" payable at Bengaluru and post it to the address below

### SECRETARIAT:

**Dr. Alexander Thomas**

**President**

ANBAI

No 29, GVR Plaza, Bellary Road, Hebbal, Bangalore 560024.

**Phone:** 080-2353 9000 / +91 9731481101.