



INSTITUTIONAL MEMBERSHIP FORM FOR THE YEAR (2021 - 2022)

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.