

TAJ MEDICAL ASSOCIATION MEMBERSHIP

Sponsored by Taj Pharmaceuticals Ltd.



Regd. Office - 434, Laxmi Plaza, Laxmi Industrial Estate, New Link Road, Andheri (W), Mumbai - 400 053. Tel.: 91-22-2637 4592, 91-22-2637 4593, 91-22-30601000 / 30601001. Fax : 022-2634 1274. Web Site : www.tajpharmaceuticals.com / www.tajfordoctors.com
E-mail : tajgroup@tajpharmaceuticals.com / tajpharmaceuticals@rediffmail.com

Photo

REGISTRATION FORM

Name:

Professional Address with Phone No.

Residential Address with Phone No.

MD DO Other

Specialty:

Alumni (Specify College/Year):

(a) From in
Degree..... University..... Year

(b) From in
Degree..... University..... Year

(c) From in
Degree..... University..... Year

Organization:.....

Address:

City//Village:.....State.....Pin Code.....

Phone:.....Fax.....

E-mail.....Website.....

Affiliation(s).....

(1) Are you in Government Services ? Yes No

If 'Yes' Please provide Details.....

(2) Are you managing any Private Hospital/Nursing Home/Health Centres ?

Yes No

If 'Yes' Please provide details of the establishment:

(3) Are you interested to take any loans for the establishment of Private hospital/Nursing Home/ Health Centres ? Yes No

If 'Yes' Please specify:

(a) For the establishment of Nursing Home:

(b) For the establishment of Private Hospital:.....

(c) For the establishment of welfare/trust/charitable Hospital:

.....

(d) For the Personal Loan:

.....

(e) For Other's:

.....

(4) Which company's drug you mostly prefer to prescribe?

Name of the Company.....

Reason for the Preference.....

(5) Have you prescribed any 'Taj Pharmaceuticals Ltd., medicine so far ?

Yes No

if 'Yes' please specify:.....

Name of the Products

(6) Which medicine you mostly prescribe on the regular basis in your region:

Name of the Products

(7) What kind of gifts you ever wish to receive from any company, whether it's everlasting/ momentary please specify:

.....

(8) Are there any other's Doctors in your Family ? Yes No

if 'Yes' please specify:.....

.....

Relationship.....

(9) Are you willing to form any Medical Welfare N.G.O with the group of Doctors to work in the rural areas for the improvement of Healthcare facilities ?

Yes No

if 'Yes' please provide details:

.....

.....

.....

(10) Suggestions, if any.....

.....

.....

.....

(Signature)

(Seal)

Please attached visiting card with Registration Form

Downloaded from www.tajfordoctors.com