

LIFE MEMBERSHIP NO. _____

DLH/1947/7/180/22892/91-92/L

Indian Medical Association (Headquarters)

IMA HOUSE, INDRAPRASTHA MARG, NEW DELHI-110 002.

This is to certify that

Dr. _____ PURAN CHAND KAUSHIK _____

of _____ WESTOWN _____ is a

LIFE MEMBER

of the Indian Medical Association

Direct/through its _____ WESTOWN _____ local branch

under the jurisdiction of _____ DELHI _____

State/Territorial branch.



Date : 1-10-91


(Dr. N.K. GROVER)
Hony. General Secretary
Indian Medical Association

N.B. : This certificate must be returned to Headquarters for revalidation in the event of change of address.