

Format of declaration to be given by doctor responsible for Nursing home/ Hospital on Rs. 100/- stamp paper

- I or some doctor deputed for it, will attend all the meetings of association regularly.
- I will (Annual member / Life member) participate in all the activities of association and if unable to do so then will inform with reasons.
- In case of absence in 3 or more than 3 GBM in a year I will submit valid reasons for it& if not my membership may be cancelled. My membership will automatically be cancelled if I do not attend a single meeting in a year.
- I will not indulge in any activity which may be detrimental to the reputation of association/ other members & medical profession.
- Treatment at my hospital will be done in accordance to the law and regulation of the state.
- I understand that association will not be responsible for any illegal activity or medical negligence done at my N.H., will not support the N.H. & membership of association will be cancelled if found to do so.
- I also understand that association will not help me for my personal problems and deliberate wrong doing.
- I promise to uphold the noble cause of medical profession & work for it.
- I have read & understood the rules & regulations of L.N.H.A. & will abide by all the rules & regulations.

Signature

Full Name & signature

(N.H. owner)

(Doctor responsible for N.H. activity)

Date: