

15. As member what extra duties and responsibilities you would like to take? How much time in a week you will be able to spend for palliative care activities and when?

Week days/holidays (Saturday/Sunday)/evenings

16. Have you attended any training in Palliative care? Yes/No

a. If yes please provide the details.

b. If no, would you like to undergo training related to Palliative Care? Yes/No

I, _____ have read the Memorandum of Association, Rules and Regulations of *DNipCare* and would like to contribute my service for the welfare of long term, bedridden, terminally ill patients by becoming a member of the Association. I certify that the particulars given above are true to the best of my knowledge and belief. I also understand that my membership can be terminated if I violate any rules and regulations of the association especially in dealing with the ailing patients or their families.

Date:

(Signature)

Name: _____

I, _____, an Executive Member of *DNipCare*, know Mr. _____ for the last _____ years. I endorse his application for becoming a member of *DNipCare*.

Signature

Name of Executive Member:

Membership Application of Mr./Mrs/Ms. _____ scrutinized and accepted. The Annual Membership Fee of Rs. 250/- (Rupees Two Hundred and Fifty only) received vide Receipt No. _____ dated _____.

His/her Membership No. _____.

Signature
President

Signature
General Secretary/Secretary

Signature
Treasurer

(*Please(✓) tick whichever applicable. If you would like to provide **your family details** please use an additional sheet showing their names, relationship, contact details like email id, tel. Nos etc which can be used in case of any exigency)