



MEDICAL LABORATORY OWNER'S ASSOCIATION





LABOWNE	R'S APPLICATION FORM	
Proprietor Name	•	300
Father's / Husband Name	:	::1E
Age & Date of Birth	:	
Blood Group	:Rh	27
Sex	: Male Female	7
Educational Qualification	•	
Professional / Technical Qualification	•	
Experience	•	
Lab Name	•	
Lab Address	•	
	•	
Lab In Charge Name	•	
Lab Establishment Year	:	
Contact Number	; Ph Mob	
	Email Id	
Please Tick	☐ New Member ☐ Renewal	
Laboratory Total Sq.Ft Area	:	
Number of Room & Each Room Sq.Ft	:	
Laboratory Equipment List Attached	:	
I here by declare that particulars gi	iven above are true to the best of my know	
Date:	Place:	Signature

President

Secretary

RTIFIE

ADMINISTRATIVE OFFICE:



ML PA Medical Laboratory Technician's and Paramedical Association

MTP Road, Opp. N.G.G.O. Colony Gate, K. Vadamadurai Post, Coimbatore - 641 017, Tamil Nadu, India. E.Mail: medicallabownersassociation@gmail.com Cell: +91 99431 56180

