



# INDIAN NURSES FEDERATION OF KUWAIT (INFOK)

Reg No: INDEMB/KWT/ASSN/256

## MEMBERSHIP FORM

Date. ....

Reg No.:

Name (as in Passport). ....

Passport No. ....

Civil ID No. ....

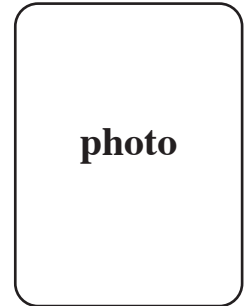
Place of Work.....

Department. .... Region.....

Email:..... Blood Group. ....

Mobile No. ....

Marital Status. ....



## FAMILY DETAILS

Spouse's Name.....

Children Name.....

Address in Kuwait.....

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Telephone No.....

Address in India.....

.....

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I hereby, declare that the above information is true and complete, I here with affirm that I shall abide the rules and regulation of the federation.

Name.....

Signature.....

Date.....

### Official use only

Reg No.....

Approved by.....

Date.....

President

Secretary

Treasurer