

CONSENT LETTER

I give my consent to be Member Regional Consultant for Arthritis Foundation of asia (AFA). I am aware that AFA Trust is running a public awareness and scientific campaign against Osteoporosis and Arthritis in the public interest. I would also be happy to help these campaigns.

I assure you my full cooperation.

Name	
Qualification	
Address (Residence) Phone Nos.	
Address (Clinic) with timings & Phone Nos.	
Address (Hospital) with timings & Phone Nos.	
Mobile Nos.	
Email Address	

I here by give my consent to "Arthritis Foundation of asia Trust" to register my name on www.arthritisfoundationasia.com for life membership. I am also uploading my detailed CV\ M.B.B.S.\ post graduation certificates, and other achievements certificates.

Signature:

Date:

Place:

Please courier back to us at our correspondence address below:

Arthritis Foundation of asia