



FEDERATION OF
HEALTH AND SPORTS
COOPERATIVE LTD

☀ **FEDERATION OF HEALTH AND SPORTS COOPERATIVE LTD. (HEALTHFED)**
(A National-Level Multi-State Cooperative Society)

📍 **Corporate Office:**

1303, Nirmal Tower, Barakhamba Road, Connaught Place, New Delhi – 110001

✉ Email: FHSCOindia@gmail.com

📞 WhatsApp: +91-9999878002 | +91-9999963171

🌐 Website: www.fhcoindia.com



MEMBERSHIP APPLICATION FORM

(Please fill all details in BLOCK LETTERS. Fields marked with * are mandatory.)



SECTION A: APPLICANT INFORMATION

Full Name (in English)*: _____

Father's / Husband's Name*: _____

Gender*: ☐ Male ☐ Female ☐ Other

Date of Birth (DD/MM/YYYY)*: ____ / ____ / ____

Mobile Number*: +91 _____

Email ID: _____

Aadhaar Number:* _____

Full Residential Address:*

State:* _____ District:* _____

Pin Code:* _____



SECTION B: MEMBERSHIP CATEGORY (Select One)

- ☐ Individual
- ☐ Health Worker / Doctor / Nurse
- ☐ Hospital / Clinic
- ☐ Cooperative / NGO / Trust
- ☐ Medicine Manufacturer / Supplier
- ☐ Medical Equipment Manufacturer / Supplier
- ☐ Hospital Construction Contractor
- ☐ Other: _____



SECTION C: BANKING DETAILS (For Refunds / Dividends)

Account Holder Name:* _____

Bank Name:* _____

Account Number:* _____

IFSC Code:* _____

Total Membership Fee: ₹10,77,000

⚠ Registration amount is non-refundable

SECTION D: PAYMENT DETAILS

Mode of Payment:* ☐ UPI ☐ NEFT ☐ Cash ☐ Demand Draft

Transaction ID / Reference No.: _____

Date of Payment:* ____ / ____ / ____

DECLARATION

I hereby apply for membership of **Federation of Health and Sports Cooperative Ltd. (HEALTHFED)** and declare that the information provided above is true and correct to the best of my knowledge. I agree to abide by the rules, regulations, and bylaws of the cooperative society.

 Place: _____

 Date: ____ / ____ / ____

 Signature / Thumb Impression: _____

DOCUMENTS TO BE ATTACHED (Self-Attested Copies)

- ☐ Aadhaar Card
- ☐ PAN Card
- ☐ Passport Size Photographs (2)
- ☐ Address Proof (if different from Aadhaar)
- ☐ Registration Certificate (for organizations)
- ☐ Trade License / GST Certificate (if applicable)

SUBMISSION INSTRUCTIONS

Ensure the form is completely filled and all required documents are attached. Submit via:

✉ Email: FHSCOindia@gmail.com

➡ WhatsApp: +91-9999878002 / +91-9999963171

 Courier/Post:

Federation of Health and Sports Cooperative Ltd.

1303, Nirmal Tower, Barakhamba Road

Connaught Place, New Delhi – 110001

