GLOBAL HOSPITALS
more to life
HYDERABAD | Chennai | Bengaluru | Mumbai

GLOBAL OBESITY SUPPORT GROUP
A Global Hospitals Group Initiative

MEMBERSHIP FORM

First name _____

Middle name _____ Last name _____

Address _____

_____

_____

Landline number _____ Mobile number _____

Email _____

Personal Details (will be kept confidential)

Date of birth (DD/MM/YYYY) _____ Gender ☐ Male ☐ Female

Married ☐ Yes ☐ No Wedding Anniversary (DD/MM/YYYY)_____

Weight _____(kg) Height _____(Feet & inches) BMI _____

Please tick (✓) if you have the below health problems

☐ Diabetes ☐ Blood Pressure (BP) ☐ Asthma ☐ Thyroid

Others _____

Please return this form to:

Program Manager - Global Obesity Support Group
Global Hospitals, Lakdi-ka-pul, Hyderabad-500 004, M: +91 9912407012.