SOCIETY FOR THE JOURNAL OF INDIAN MEDICINE & HOMOEOPATHY

APPLICATION FOR MEMBERSHIP

(IN CAPITAL LETTERS)

1.	Name and Designation of the Applicant	:	
2.	Date of Birth	:	
3.	Qualification	:	
4.	Statutory body in which he/she has Registered; Reg. No.	:	
5.	Present Address Ph.No. & Email Id	:	
6.	Permanent Address	:	
7.	Mode of payment of Life Membership & Entrance fee (Rs. 1,000/-+ Rs. 20/-)	:	Cash / D.D. No.

DECLARATION

I assure that I will abide by the rules and regulations of the Society

Signature of the Applicant.....

OFFICE USE ONLY

Admitted by the Executive Committee

Date: President / Secretary