

# Indian Ayurvedic Medical Association

An Organ of Swasthya Jagarukata Mission



## Membership Form



Form No .....

1. Name in full (Block Letters) : .....
2. Father's/ Husband's Name : .....
3. Date of Birth : ..... 4. Qualification : .....
5. Permanent Address : .....  
.....  
.....
6. Correspondence Address : .....  
.....  
.....

### DECLARATION OF THE APPLICANT

The contents of the Membership form that I have submitted are true to the best of my knowledge. If any statement given by me as above is proved to be false, I will be responsible and liable to be punished.

(Signature of the Applicant)

### For Office Use Only

Accepted/Rejected

Incharge

Dated .....

Seal