

Membership Form

For Applicant

Amount Rs. Paid in Cash/D.D. No.

Date Name of Bank

for Office Use

Member ship No.

Date of Issue



Electro Homoeopathic Medical Association of India

(Membership Registration Form)

To,
The Secretary
Electro Homoeopathic Medical Association of India
State Council

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Subject: Application for Membership of Electro Homoeopathic Medical Association of India (E.H.M.A.I.)

Sir,

I beg to apply for membership of Electro Homoeopathic Medical Association of India (E.H.M.A.I.) and assure to abide with all the Rules, Regulations, Information's and Amendments/ Alterations of the Association if any, time to time, during my membership.

The required information is given below:

(This form should be filled by the Candidate in his own handwriting).

1. Name of the applicant
(In Block Letters)
2. Father's/ Husband's Name
3. Date of Birth
4. Permanent Address
5. Present Address
6. Clinic Address
7. Academic Qualification
8. Medical Qualification
9. Name of Examining Body
10. Previous Registration No.(If any)
11. Police Station.....Post Office.....Pin Code No:.....
Phone No. Mobile No. E-mail

I do hereby declare that the particulars given above are correct and to the best of my knowledge.

Place

Date

Signature of applicant

Contd.

Instructions for Applicant

1. Application should be in the format as prescribed by the Association.
2. Membership Registration fee Rs. 2000/- should be paid by Demand Draft in favor of Electro Homoeopathic Medical Association of India payable at New Delhi / Delhi and send it to the address "14/2,Pili Colony, Juhi, Kanpur-208014 (Uttar Pradesh),India".
3. Membership Registration fee once paid is not Refundable or Transferable at any circumstances.
4. All Educational and Medical Educational Certificates along with Mark sheet should be endorsed with application form.
5. Application submitted without the concerned document / enclose will not be entertained.
6. After verification of the submitted documents / enclose the Registration Membership Certificate will be issued to the applicant within one month.
7. Registration Membership will be valid up to Five Years only from the date of its issue.
8. Any Electro Homoeopath is found in practice other than Electro Homoeopathy will not be entitled to enjoy the facilities and privileges as confirmed by the Association.
9. Do not make any payment to unauthorized agencies /touts.
10. All Disputes to the subject to the Delhi High Court and their subordinates Courts only.

Declaration by the Applicant

I do hereby declare that I have read and understood the conditions of eligibility of Registration Membership of Electro Homoeopathic Medical Association of India (E.H.M.A.I.). I fulfill the minimum eligibility criteria and I have provided with necessary information in the regard. In the event of any information found incorrect false or misleading. My registration shall be liable to cancellation by the E.H.M.A.I. at any time and shall not be entitled to avail the facilities and for refund of any fee paid by me to the E.H.M.A.I.

Date

Place

Signature of Declarant