



Association of Ayurvedic Physicians of India (AAPI)

(An organization registered under Societies registration act, 1860;
Vide no. 437/08-09 as Society of Ayurvedic Physicians of India,
Registered Office : 6, Ganga Bagh, Lanka, Varanasi - 221005)

Membership form

Paste recent
passport size
Colour photograph

Date of Application :

Name :

Age : Sex :

Date of Birth :

Father's Name :

Present Address :

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Telephone No. : Fax No. :

Mobile No. :

E-mail :

Permanent Address :

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Nationality :

Registration No./ Year / State :

Educational Qualification : Starting from Graduation onwards

Degree	Year	Board/University/City/State
1.		
2.		
3.		
4.		

- Please attach the photo copy of the degree of the Graduation (BAMS/ABMS/AMS/GAMS or equivalent) and above if applicable.
- Attach the photocopy of state/ central registration certificate.

Membership Fee-Amount : Cheque no./DD No. :
Issuing bank : Date :

*(Life membership fee-Rs. 3000/-, Annual membership fee Rs. 400/-)
(Bank draft/ Multi city cheque should be made in favour of Treasurer, SAPI, Payable at Varanasi)*

Declaration

I will abide by the rules and regulations of the organization and will follow the professional ethics, Further, I will work for the promotion of the objectives of the association.

Date : Signature of the applicant

Introducers Name :

Date : Signature of the introducer.....

For Office use only

Cheque / D.D. No.: Date :

Issuing Bank :

Cheque / DD received on :

Cheque / DD deposited on : Cleared on

Membership accepted / Not accepted :

If not accepted, Reasons :

Type of membership : (Life member / Annual / Sustaining) :

AAPI, Registration No. :

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Remarks, if any :

Date of issue of membership certificate :

Verified by Secretary / Joint secretary (Signature and date) :

Office seal :