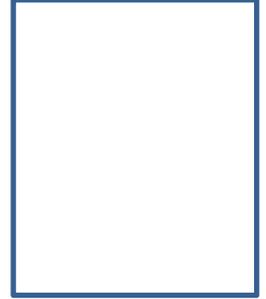




AYUSH DOCTORS & PARA MEDICAL ASSOCIATION

Head Office: Aman Nagar, Behind Green Land School,
Ludhiana —141008 (Pb) Ph.No.:- 0161 - 5013232
(M): 98881-80388, 93168—50388, 92176-03232
www.adpma.in // Email: adpma2001@gmail

APPLICATION FORM FOR MEMBERSHIP



Hon'ble President / Gen. Secretary
AYUSH Doctors & Para Medical Association

Sir / Madam,

1. Full Name
2. Father's Name / Husband's Name.....
3. Permanent Address.....
.....
.....
4. Correspondence Address.....
.....
.....
5. Phone No..... Mobile No.....
6. Date Of Birth..... Email.....
7. Marital Status : Married Unmarried Widow Widower
8. Educational Qualification
9. Medical Registration No. (If Regd.)..... Date of Regd.
10. Name Of Registration Board/Council.....

Date:

Place:

Full Signature of Applicant

Instruction

1. Attach Xerox copy of Medical Qualification and Registration Certificate.
2. Attach D.D. In favors of "AYUSH Doctors & Para Medical Association"
payable at Ludhiana.