भारतीय अर्क चिकित्सा विज्ञानं अवं अनुसन्धान केंद्र

Indian Spagyric Education And Research Foundation

(Formerly known as ISERF)

MEMBERSHIP APPLICATION FORM

Application No_____

AFFIX RECENT PASSPORT SIZE PHOTOGRAPH

Name of the Applicant (in English):_____
(In block letters as in **10th** Mark Sheet)

Father's/ Husband's Name

Father's Name:_____b) **Husband's Name(if applicable)**:_____

Date of Birth (as in 10th Marksheet): (DD/MM/YEAR)

Age_____

Gender: Male/Female_____ **Marital Status**:_____

Nationality: _____ **Mother Tongue**:___

Aadhar No:_____

Address:

	Clinic Address	**Permanent Residence Address**
District		
State		
Pin code		
Mobile No.	Email id:	

9. **Details of Examinations Passed:**(Enclose self attested copies of certificates)

10TH **Register No.:** ..... **Year of Passing** ..... **Board** .....

+2 (HSC) **Register No.:** ..... **Year of Passing** ..... **Board** .....

Professional Qualification

Major (DNYS/ DEMS/ BEMS/ MDEH/MBEH)	Year of Passing	BOARD/ COLLEGE	State	Percentage of Marks (%)

Declaration:

I declare that I fulfill the eligibility criteria for membership. I have attached all self attested copies of documents required to support my membership. I am aware that in case, any information given by me is found to be incorrect at any stage of the application my membership will stand cancelled and legal proceedings will be initiated against me.

Place :

Date:

Signature of the applicant

NOTE: Application should be duly filled in by the candidate: