



**Application Form for the membership of  
Association for the Nurturing & Caring of Classical Homoeopathy**

a. Type of membership :

1. Students  Practicing Doctor  Well wisher  life member

b. Name : \_\_\_\_\_

c. Educational Qualification : \_\_\_\_\_

d. Experience. (No. of years) \_\_\_\_\_

e. Registration No: \_\_\_\_\_

f. Mobile no : \_\_\_\_\_ Land line no : \_\_\_\_\_

g. E-mail id : \_\_\_\_\_ Website : \_\_\_\_\_

h. Home address : \_\_\_\_\_

i. Clinic Address : \_\_\_\_\_

j. Books/Papers/research work \_\_\_\_\_

k. Timing of clinic / hospital : \_\_\_\_\_

I have read the rules & regulations of the Association & I am willing to abide by them.

Name:

Signature:

Date:

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**For office use only**

Date of receipt of membership fee:

Amount : ₹

Received by:

Membership No.

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