



विश्व आयुर्वेद परिषद् Vishwa Ayurveda Parishad

Reg.No. 0420/97-98

1/231, Viram Khanda, Gomti Nagar, Lucknow-226010 (U.P.) INDIA



Application for Membership

Two passport size photo. One should be pasted, one maybe send after writing name and complete address on the back

Place District.....

State Country

Type of Membership- Patron Member/Institutional Member/Life Member

1) Name (In Capital)

2) Name (In Devnagri)

3) Name of Father/Husband

4) Date of Birth

5) a) Permanent Address.....

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b) Address for Correspondence

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c) Official Address

6) Email Id

7) Phone No..... Mobile

8) Educational Qualifications

College/Institute.....

Board/University

Research Experience

Area of interest

9) Present status & place

10) Any other information

I declare that the informations given above are complete & true. I assure you to fulfill the aims and objects of Parishad. I am enclosing Cheque/Draft/of Rs..... (Rs. in words)..... for membership. Please inform by granting the membership.

Signature of forwarding authority

Name of authority/member Signature of Applicant and date