

# AYUSH MEDICAL ASSOCIATION, (India)

[A National Organisation of regd. & qualified AYUSH (Ayurveda, Yog & Naturopathy, Unani, Siddha and Homoeopathy) Doctors]

Registered under the provisions of S.R. Act 1860 Govt. of India, Regn. No. S-59987, R.O.S. NCT Delhi, Public Trust No. 4/2009 F 229/260 for All India Working

Presidential / Administrative Office : Pangara, Banda 210 129 (India) ☐ Delhi Office : C-121, Kirti Nagar, New Delhi 110 015 (India)

web site : [www.ayushmedicalassociation.org](http://www.ayushmedicalassociation.org) e-mail : [ayushmedicalassociation@rediffmail.com](mailto:ayushmedicalassociation@rediffmail.com)

## Application Form for Joining [Membership] AYUSH M.A.

(Only for Registered & Qualified Doctors)

As per Clause 5(a) the Life Membership Fee will be Rs.1100/- in place of Rs. 501/-

Paste your recent Passport size photo here and attach one separately.

Hon'ble President/Gen. Secretary  
AYUSH Medical Association [India]

Sir,

I am accepting all the objectives, terms and conditions of AYUSH Medical Association India and depositing Rs. 501/- for Life Membership Fee or Rs. 2100/- for Patron Membership Fee by DD No./M.O. No. .... or in cash. Please allow me to join AYUSH M.A. I will try my full efforts to give the 10% time from my daily engagements for entire life to develop AYUSH System, to refrain calamities in AYUSH field, to protect rights of AYUSH Doctors, development of AYUSH System and to announce AYUSH System as National Scientific Treatment System. My personal details are as under :

- Full Name
- Father's/Husband's Name
- Permanent Address
- Correspondence Address
- Phone No. with STD Code  Mobile .....
- Date of Birth
- Marital Status  Married  Unmarried  Widow  Widower (please put a ✓ mark in relevant box)
- Educational qualification : (Examination Board / Year of passing Exam)
- Medical Registration No. (If registered)  Date of registration   
Name of Registration Board / Council : .....
- Are you member of any other association / committee? If yes, then attach copy of membership certificate  
.....
- Are you employee in any institution/corporation or retired then please mention the details and the post held. ....
- Any other hobby other than Medical Practice, please mention.  
.....
- Are you joining AYUSH M.A. by your own or suggested by other person, give the name and post held by the person. ....

Date :  
Place :

Full signature of Applicant  
Stamp

### Instructions

\*Strike out which is not applicable. Note : 1. It is compulsory to attach photocopies of Medical Qualification and Registration Certificate. 2. Please attach membership fee DD in favour of AYUSH Medical Association, payable at BANDA (U.P.) or New Delhi with duly filled application form and send it to Presidential/Executive Office, Pangara, BANDA 210 129 [U.P.] 3. You can make photocopies of this application form. 4. Note that DD must be drawn AYUSH Medical Association only and payable at BANDA or NEW DELHI and does not contain any other word associating with it like BANDA, DELHI etc. because the a/c. is open in the Bank is AYUSH MEDICAL ASSOCIATION.