

PASCHIM BANGA AYURVED CHIKITSAK SAMITY

STATE COMMITTEE

18A, Jadu Mitra Lane, Kolkata - 700 004

Reg. No- S/59464

Email: *pbayurvedchikitsaksamity@gmail.com* | Website: *www.pbayurvedchikitsaksamity.in*

Application For Membership (only for Registered Ayurvedic Physician)

Sl. No.

Date

1. Name of Applicant: _____
2. Date of Birth: _____
3. Qualification: _____
4. Year of Passing: _____
5. Registration No: _____
6. Last Renewal Date of Registration: _____
7. Address:
 - a. Present: _____
 - b. Permanent: _____
8. Profession:
 - a. Whether Govt Employee or Not: _____
 - b. Whether engaged in Private Practice or Not: _____
9. Whether to be applied for Life Member or Not: _____
10. Attached to other Professional organisation, if any give Details: _____

11. I solemnly affirm the declaration, that I have gone through the Rules and Regulations of Paschim Banga Ayurved Chikitsak Samity and I must be abide by the said Rules and Regulations. I will seek the prior approval of the Samity's Executive Committee before joining to any Ayurvedic organisation.

On the basis of aforesaid declaration, wishing approval and acceptance as a member of the said Samity.

Date:

Signature of Applicant

N.B:

- Donation for Membership for each year is Rs. 200/- (two hundred) only to be paid in every Financial year.
- Donation for Life Membership is Rs. 1000/- (two thousand) only.

Date:

Signature of the President
Paschim Banga Ayurved Chikitsak Samity

Signature of the General Secretary
Paschim Banga Ayurved Chikitsak Samity