

ACUPUNCTURE ASSOCIATION OF INDIA (A.A.I.)

188/87, Prince Anwar Shah Road, Kolkata- 700 045

Phone : 2417-9281

MEMBERSHIP APPLICATION FORM

Through Branch / Direct

Category of membership applied for : Member/Life Member/Associate/Associate life

Name (block letters) :

Date of Birth :

Sex :

Parmanent Address :
(with PIN Code)

Phone :

Phone

Address for Communication :

Educational Qualification :

Medical Registration Number :

Issuing Authority

Training in Acupuncture :
(Please mention authority or individual
under whom trained)

Experience :
(Please mention both acupuncture
& other branches of medicine)

I agree to abide by the rules and regulations of Acupuncture Association of India.

Introduced by: Full name & Address of the member (Member of A. A. I.)

Signature of Introducer :

Signature (with Date)

Xerox copies of Certificates to be enclosed.
(Educational Qualification and Acupuncture Training)

For Official use :

Recommendation from Branch secretary (if applicable) :

Membership No.

Application received on

Date

Money received by M.O./Cash/Cheque/ D.D on

Accepted on :

Signature of General Secretary