



**INDIAN INSTITUTE OF  
HOMOEOPATHIC PHYSICIANS**  
REGD NO. : 14247

Central Office : 68, Civil Lines, Anathalaya Marg, Bareilly - 243003, Uttar Pradesh, India. M.+91-9719015216  
E-mail : homoeospan@yahoo.com Website : www.iihp.co.in

**APPLICATION FORM FOR LIFE MEMBERSHIP**

To

The National Secretary General

Indian Institute of Homoeopathic Physicians

Dear Sir,

I would like to join in IIHP as a Life Member. I am here with furnishing my details for your perusal.

Name of the Doctor : \_\_\_\_\_

Qualification : \_\_\_\_\_ Regn. No. \_\_\_\_\_

Name of the Board / Registering Council \_\_\_\_\_

Name of the College \_\_\_\_\_

Mailing Address with PIN Code \_\_\_\_\_

Contact details : Land Line \_\_\_\_\_ Mobile No. \_\_\_\_\_ Email ID \_\_\_\_\_

Introduced by : Dr. \_\_\_\_\_ Place \_\_\_\_\_

I am here with enclosing the Membership fees of Rs. 3000/- (Rupees Three Thousand only) by Cash / DD/ Cheque / Bank transfer towards Life Membership fees. All the cheques & DD's must be drawn in the name of "Indian Institute of Homoeopathic Physicians", payable at Nagpur

**IIHP Account details**

Name of the Account : Indian Institute of Homoeopathic Physicians

Account Number : 34824686375 : IFSC Code: SBIN0009060 : Bank : State Bank of India

Branch : Coal Estate, Civil lines, Nagpur, Maharashtra

I here by undertake to abide by the Bye-laws, rules and regulations of IIHP

Signature of the Applicant

Signature of the introducer : \_\_\_\_\_

Date : \_\_\_\_\_