



INDIAN INSTITUTE OF HOMOEOPATHIC PHYSICIANS

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Form No. _____

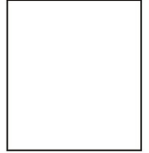
Membership Form

For Office Use Only : Payment Details

D/D/Cheque/Tr. ID No. Date..... Bank

Receipt No. Date..... Membership No.

To,
National Secretary General
Indian Institute of Homoeopathic Physicians.



Dear Sir,

I would like to join in IIHP as a Regular Member/Life Member.
My biodata is as follows.

Name :

Address :

Phone : Mobile : Email :

Optional : Whatsapp No. : Facebook Id :

Qualification : Year of Passing :

Name of the College :

Regn. No. Name of the Board/Council :

Introduced by Dr. Place :

I have paid a membership fee of ₹500/- Life Membership fee of ₹3000/-

Attached (must) xerox copy of : Degree / Diploma Medical Registration Certificate

I agree to receive communications on my Phone/Email/Whatsapp/Facebook by IIHP.
I shall fully abide by the Rules, Regulations, Bye Laws & Constitution of IIHP.

Introducer's Signature _____ 68 CIVIL LINES, ANATHALAYA MARG, BAREILLY - 243 003 _____ Signature of the Applicant

UP OFFICE : DR SUDHANSHU ARYA, 68 CIVIL LINES, ANATHALAYA MARG,
BAREILLY - 243003

Mobile: 0581-2451135 | Website: <http://www.iihp.in>