



THE HOMOEOPATHIC MEDICAL ASSOCIATION OF INDIA  
 (Regd. Under S. R. Act XXI of 1860, Regn. No. : S/8418)  
 Registered Office: A- 51, South Extension Part- 1, New Delhi- 110049, INDIA  
 Secretariat: F- 85, Bali Nagar, New Delhi-110015., INDIA

MEMBERSHIP FORM

Form No.: \_\_\_\_\_

For Primary/ Life Member

(This application must be thoroughly screened and all details checked at the Unit and Branch Level before forwarding to the Secretariat)

Membership proposed by Dr. Soumya Bhattacharya of \_\_\_\_\_  
 Unit of H.M.A.I. under \_\_\_\_\_ State Branch.

To,  
 The Secretary General,  
 F- 85, Bali Nagar, New Delhi-110015., INDIA  
 Dear Sir,



I hereby apply to be a member of The Homoeopathic Medical Association of India

~~DR. DEVI K. CH.~~ Unit under WB  
 I have read the Rules and Regulations of the Association and I agree to abide by them.

Date: 05/7/15  
 Place: Kolkata

Signature of the Applicant  
 Full Name: Istajul Hoque

Details to be filled by the applicant (IN BLOCK LETTER):

1. Name: DR. ISTAJUL HOQUE
2. Father's/Husband's Name: Abul Hossain
3. Spouse Name: \_\_\_\_\_
4. Date of Birth: 12/10/1995 Age 29 years
5. Qualifications (with name of Board/ Council/ Universities):  
BHMS (WBCHS)
6. Residence Address: vill - Tirupukur, P.O - Durgapur  
P.S - Berhampore, Dist - MED Pin Code: 742199
7. Phone: (STD Code) \_\_\_\_\_ Mobile: 7602891008
8. E-mail ID: istajulhoque@gmail.com