



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)

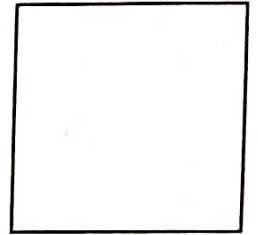
Membership proposed by Dr. Soumya Bhattacharyya of
..... Unit of H.M.A.I. under State Branch.

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 of Tangra
P. N. DE. H. M. E. H. Unit under N.B. State Branch.

I have read the Rules and Regulations of the Association and I agree to abide by them.

Date: 05/07/25

Place: Kolkata

Signature of the Applicant
Jagdish Ghosh

Full Name: Jagdish Ghosh

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

1. Name: DR. JAGADISH GHOSH

2. Father's/ Husband's Name: MAKHAN GHOSH

3. Spouse Name:

4. Date of Birth: 29/05/1998 Age 27 years.

5. Qualifications (with name of Board/ Council/ Universities):

BHMS (WBUHS)

6. Residence Address: Vill + P.O. - SASRA, P.S. - GOPIBALLAVPUR

DIST. - JHARGRAM Pin Code: 721506

7. Phone: (STD Code) 806921243 Mobile: 806921243

8. E-mail ID: jagdish.ghosh.688@gmail.com