



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 Level before forwarding to the Secretariat)

Membership proposed by Dr. Soumya Bhattacharya
..... Unit of H.M.A.I. under



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
angra D.N. De. H.M.C. & H. Unit under WB State Branch.
I have read the Rules and Regulations of the Association and I agree to abide by them.

Date: 05/07/2025
Place: Kolkata

Jahnabi Sardar
Signature of the Applicant
Full Name: JAHNABI SARDAR

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

1. Name: DR. JAHNABI SARDAR

2. ✓ Father's/ Husband's Name: ANANDA SARDAR

3. Spouse Name:

4. Date of Birth: 07/07/1993 Age 31 years.

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

6. Residence Address: VI - Dakshin Kankandighi, P.O - Uttar Kankandighi, P.S - Raibighi, DIST - South 24 Parganas, WB - 743383 Pin Code: 743383

7. Phone: (STD Code) Moble: 9903812060

8. E-mail ID: sjahnabi@gmail.com