

Membership Form



THE HOMOEOPATHIC MEDICAL ASSOCIATION OF INDIA

(REGISTERED UNDER S. R. ACT XXI OF 1860 REGD NO. 58418)
 Regd Office : A-51, South Extension Part-1, New Delhi-110 049
 SECRETARIATE : 6/C, MURARI PUKUR LANE (NEAR AUROBINDA SETU) KOLKATA - 700 067 W.B.
 M : 09874479940, E-mail: drsibusain2015@gmail.com, Website-www.hmai.in

For : Life Member

Primary Member

Form No.

This application must be thoroughly screened and all details checked at the Unit and Branch level before forwarding to the Secretariate)

Membership proposed by Dr. Kanchan Desai of Jalna Aurangabad Unit of H M A I.
 under Maharashtra State Branch for the year 20 24 to 20 25

To,
 The Secretary General,
 The Homoeopathic Medical Association of India,
 6/C, Murari Pukur Lane (Near Aurobinda Setu) Kolkata-700067, W.B.

Dear sir,

I hereby apply to be a member of The Homoeopathic Medical Association of India
 of Jalna Aurangabad Unit Under Maharashtra State Branch
 I have read the Rules and Regulations of the Association and I agree to abide by them



Priti
 Signature of the applicant

Date 28/8/24

Full Name Priti Jawale
 (IN BLOCK LETTER)

Place Jalna

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

1. Name : Dr. PRITI PRADIP JAWALE
2. Father's/Husband's Name PRADIP JOTIBA JAWALE
3. Spouse Name : -
4. Date of Birth : 29th March 1992 Age Years
5. Residence Address Om Trinarti Tower Dwing Room No 502,
Sion Mumbai - 400022 Pin Code 400022 State Maharashtra
6. Phone / Mobile : 9702757722 E-mail id Pitijawale@rediffmail.com
7. Qualifications BHMS (with name of Board / Council / Universities) TAUHS, Nashik
8. Registration/Enlistment No. : 74107 Date of Regn. / Enlist. 24/12/2020
9. Are you in private practice? Yes No
 If in private practice please state, are you attached to any Hospital and if so, in what capacity
10. Are you in service? Yes No
 If in service indicate your designation and the name of employer
11. If you have published any scientific paper, please state its title. Exploring the Role of Hon imaging
acute bronchitis, Unveiling the Organoleptic Evolution of Pulsatilla

Forwarded to the General Secretary / Secretary General, HMAI.

 Unit Secretary, HMAI

 General Secretary, HMAI

Received at Secretariate, (Place) _____ on _____

 Secretary General

The Homoeopathic Medical Association of India

Index No. _____

N.B. :- Please send the form with the Three Photo copy of registration, three Photographs Passport size and D/D or Banker Cheque For Life Member Rs. 3000/-, Primary Member Rs. 250/- (For Two year), Admission Fee Rs 100/- (For New Member).

N.B. -The form is to be filled in triplicate. The Secretary of the unit will send all these three copies to the Branch General Secretary along with Centre and Branch contribution for onward transmission to the Secretariat for signature of the Secretary General, who will return back the Branch and unit copy to the Branch Secretary for onward transmission to the Unit Secretary for their respective records.

Original (WHITE) for unit, Duplicate (GREEN) for Branch, Triplicate (YELLOW) for centre