



# ALTERNATIVE MEDICAL ASSOCIATION

(Unit of a Voluntary Organisation under S/R Act XXI, 1860, Govt. of India)

Regn. No.....

Please enroll me as Simple /Life / Foreign Membership of the AMA

**Name** (Mr. /Ms./Mrs.) : .....

Sex: Male...../ Female.....

**Nationality** : Country( .....) Date of Birth : ...../...../.....

**Address** : .....

.....

**State** : ..... PIN .....

**Email** : .....Mobile.....

**EDUCATIONAL QUALIFICATION:** Regular Course:/Online (e-Learning)

School/College	Name of Board /University	Passing Year	Marks obtained in %

**Professional Course:**

Course	Name of Institute/University/Council	Passing Year	Marks Obtained in %

**Experience in.** Ayurvedic/Unani/Homeo/Yoga/Naturopathy/ Alternative Degree/CMS&ED/RMP

Year	Medical Sector	Working Area	Any Associate

We are agree with the Policy of AMA and accept the membership and its ethical principles. We are remitted Rs.

..... as registration fee and membership subscription by Cash /D.D.No. ....

Dated / / ..... Bank .....

**Date:**

Place:

**Signature of the Applicant**