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INTERNATIONAL NATUROPATHY ORGANISATION (INO)

B-3/330, Paschim Vihar, New Delhi-110063. Tel.: 011-25253681, 25261588 E-mail: ino.surya@gmail.com, Website:www.inosurya.com

Please affix your latest passport size photo

Membership Application Form

1.	Name (IN CAPITAL L	ETTERS) : Dr./Shri/Smt./Ku				
2.	Age	Date Of Birth				
3.	Address					
	Tel.		Mobile			
	E-mail				—	
4.	Qualifications	(a) Academic				
		(b) Professional ———				
5.	Experience					
	(a) Running a Naturo (b) OPD		Year Year	Beds	_	
	(c) Working in a Natu	re Cure Hospital	Year	_ Designation		
6.	Have you ever attend	ed Conference of INO? Yes/N	No Year	Place	_	
7.	Reference Name		Mobile			
8.	Details of Membership	Fee				
	Draft / Cheque No	Dated	Bank	Amount	_	
5 N a I ա	years, & Rs. 1500/- aturopathy Organisat	for 10 years. Draft / Chion" payable at New Deli DECLA regulations of the INO as fran	neque should be i hi. ARATION	s. 700/- for 3 years, Rs. 1000/- nade in favour of "Internatio e. I also declare that the details gi	onal	
D۽	ate:			Signature of Applic	ant	
_		-\$				
		ACKNOWLED	GEMENT			
	ceived a sum of Rs O Membership for		Ms	on accoun	nt of	
	ate :			eiver		
Pla	ace:		Phone No	Phone No		

For further enquiry and assistance please contact INO central office on 011-25253681, 09654946912 (Tribhuwan), Email: ino.surya@gmail.com