



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 LETTERS) : Dr./Shri/Smt./Kü. _____

2. Age _____ Date Of Birth _____

3. Address _____

_____ PIN

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Tel.

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Mobile

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E-mail _____

4. Qualifications (a) Academic _____

(b) Professional _____

5. Experience

(a) Running a Naturopathy Hospital _____ Year _____ Beds _____

(b) O P D _____ Year _____

(c) Working in a Nature Cure Hospital _____ Year _____ Designation _____

6. Have you ever attended Conference of INO? Yes/No Year

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 Place _____

7. Reference Name _____ Mobile _____

8. Details of Membership Fee

Draft / Cheque No. _____ Dated _____ Bank _____ Amount _____

The membership fee is Rs. 300/- for 1 year, Rs. 500/- for 2 years, Rs. 700/- for 3 years, Rs. 1000/- for 5 years, & Rs. 1500/- for 10 years. Draft / Cheque should be made in favour of "International Naturopathy Organisation" payable at New Delhi.

DECLARATION

I will abide by the rules & regulations of the INO as framed from time to time. I also declare that the details given above are true to the best of my knowledge.

Date:

Signature of Applicant

ACKNOWLEDGEMENT

Received a sum of Rs. from Dr. / Mr. / Ms./M^s. on account of INO Membership for years.

Date : _____

Name of Receiver _____

Place :

Phone No. _____

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