

NATUROPATHY & YOGA MEDICAL ASSOCIATION OF INDIA



INCORPORATED BY I.S.P.S. (U.P.) & C.M.M.E.O. (ALL INDIA BASIS)
REGD. BY GOVT. OF U.P. and DELHI ADMIN. DELHI GOVT. OF INDIA
Adm.Office:- Amar Maya Enclave Chandpur Road Bulandshahr (U.P.)

Website- www.nymai.yolasite.com

Contact Us: - bnsmp@gmail.com

To,

The Secretary General
Naturopathy And Yoga Medical Association Of India
Bulandshahr-203001 (U.P.)

Attach 5 photos
with this form

City/ Unit State

Subject: - APPLICATION FOR MEMBERSHIP IN N.Y.M.A.I.

Sir,

I beg to apply for membership of N.Y.M.A.I. I assure to abide with all the rules & regulation. Information and amendment/alternation of the association if any during my membership. The required information are given below.

1. Name of Applicant Mr/Mrs./Dr.
2. Father's/Husband Name
3. Date of Birth Profession
4. Address
5. Medical Qualification
6. Phone No..... Mobile No
7. Previous Registration No. (If Any)
8. E-Mail Id :-

I do here by declare that the particular given above are correct to the best of my knowledge. I am depositing the specified fee. Rs-500/-00 with all required documents.

Place.....

Date.....

Sign. of Applicant

For Office Use Only

Membership No..... Date.....

Designation..... City & State.....

Sign of Issuing Auth.

Address:-Dr.Ashok Kumar, 458, Amar Maya Enclave Chandpur Road Bulandshahr-203001 (U.P.)

Email Id:- bnsmp@gmail.com Website-www.nymai.yolasite.com

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RULES AND REGULATION TO CONSTITUTE THE STATE BRANCHES

UNDER NYMAI :-

1. Membership Registration Fee Rs.500/-00 should be paid by the Demand Draft/ Cheque in Favour of **Indraprastha Shiksha Prachar Samiti payable at Bulandshahr-203001 (U.P.)**
2. All Educational and Medical Education certificate along with Mark Sheet should be endorsed with application form.
3. After verification of the submitted documents/enclose the Registration Membership Certificate will be issued to the applicant within one month.
4. Registration Membership will be valid up to five Years only from the Date of Issue.

Under Signed