

**TO**

The President,  
Indian Nature Cure Practitioners Association,  
Admn Office: 368, Pradhan Marg, Nirankari Colony,  
New Delhi-110009



**MEMBERSHIP FORM**

**3 YEARS / LIFE**

Sir,

I am a follower and practitioner of Nature Cure and desirous of becoming member of INPA.

**I undertake that I shall abide by the rules and regulations of the Association.**

My particulars are given below: **Use Capital Letters Only**

Name in English	
Name in Hindi	
Fathers / Husband Name	
Address	
Mobile No	
Email ID	
Date of Birth	

**Academic Qualifications (Enclose self-attested copies of certificates.)**

	Qualification	Board/Instituion	Year	Marks %
1				
2				
3				

**Qualifications in Nature Cure and in other alternative systems of drug-less natural therapeutics (Enclose self-attested copies of certificates)**

	Course	Institution/University/Board	Year	Duraion	Marks %
1					
2					

**Name and address of place of practice/ clinic with Phone Nos. and Email ID:**

Address	Since		City	State	Registraion

**Category of Membership – 3 years Rs.1500/- Life Member Rs.5000/-**

Particulars of fee sent: (Deposit online in Account No. **70740100003179** of Indian Nature Cure Practitioners Association, **BANK OF BARODA**, Subzi Mandi Branch, Delhi-7, **IFSC: BARBODSUBZ** & MICR: 110012091 **Enclose two Photo for I Card & Certificate**

PHOTO	PHOTO
Signature:	Signature:

Yours faithfully,

Name \_\_\_\_\_

Place \_\_\_\_\_

\_\_\_\_\_  
Signature

Note: In case of any query, please contact Dr. Pradeep Malhotra, Mobile 9891978910.