

AKHIL BHARATIYA PRAKRITIK CHIKITSA PARISHAD

Head Office: 97/3, Naskar Para Road, Howrah-711107

President Office: C/o. Harijan Sevak Sangh, Kingsway Camp, Gandhi Ashram, Delhi-110009

Admin. Office: 15, Rajghat Colony, New Delhi-110002

Phone: 9831044155, 9831224445 E-mail: abpcparishad@gmail.com

APPLICATION FOR LIFE MEMBERSHIP

(Fill the form in Capital & Submit with Appropriate Documents and Fee)

Applicant's Name :		
Father's Name :		
Date of Birth :	_ Sex :	, Medium :
Nationality :	Mobile No. :	
UDI NO. :	E-	-mail :
Present Address :		
	, Pin Cod	le :
Permanent Address :		
	, Pin Cod	le :
Membership Fee :		
Interest and experience in NATURE-CURE	E (Attach details i	n separate sheet).
4 Coloured photo (Passport size) : Attache	ed / Not attached	
•		o my knowledge and nothing has been given ne ABPCP and shall obey all instruction given
	_	and / or if such incident occurs authority take without advising or suggesting any drug & or
Pharmaceutical Medicine but follow the p	rinciple of Panch	amahabhootas & Gandhian principles of non-
violence.		
Date :	_	
		(Signature of Applicant)
Place :		