



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 PRACTITIONER 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 Code : _____

Permanent Address : _____

_____, Pin Code : _____

Membership Fee : _____

Study, Training and Experience in Nature-Cure (Attach details in Separate Sheet).

Practicing Since (Year) : _____

Sample of cases (few) managed by applicant (Attach separate sheet) with the name of his/her guide

Copy of DNYS Certificate : Attached / Not attached

4 coloured photo (Passport size) : Attached / Not attached.

I do hereby declare that the above facts are correct to my knowledge and nothing has been given wrong. I shall also abide by the rules and regulations of the ABPCP and shall obey all instruction given by the authorities. If I do so for my any such wrongful act and / or if such incident occurs authority take action. I shall preach & propagate the basic Nature Cure without advising or suggesting any drug & or Pharmaceutical Medicine but follow the principle of Panchamahabhootas & Gandhian principles of non-violence.

Date : _____

(Signature of Applicant)

Place : _____