

NUTRITION AND NATURAL HEALTH SCIENCES ASSOCIATION**पोषण एवं प्राकृतिक स्वास्थ्य विज्ञान संघ****Registered Under Society Act 1860, XXI Under National Capital Territory****Internationally Recognized and Legally Constituted Natural Health Sciences Association****REGISTRATION APPLICATION FORM**

NAME OF THE APPLICANT MR. / MS.:	
FATHER'S NAME:	
DATE OF BIRTH	
AADHAR ID NO:	
ADDRESS:	
CITY:	STATE:
POSTCODE:	COUNTRY:
PHONE:	
E-MAIL:	
EMPLOYMENT:	
SPECIALITY:	
NATIONALITY:	
CONTACT NO:	WITNESS NAME AND SIGN:
QUALIFICATIONS:	

**QUALIFICATION: PARTICULAR OF EXAMINATIONS PASSED-ACADEMICS/MEDICALS
(ATTACH SELF -ATTESTED COPY)**

S. NO	EXAMINATION	BOARD/UNIVERSITY	YEAR OF PASSING	SUBJECTS	MARKS %	DIVISION

**Please use the below bars as a template for listing your previous work history within your CV.*

- Employer _____
- Job Position _____
- Period Employment _____
- Full-time equivalent hours _____
(Full time equivalent -38 hours per week)
- Duties within role: _____

REGISTRATION FEE = 10000/-

BANK DETAILS:

Account Name - Nutrition and Natural Health Sciences Association
 Account No - 10052839086
 IFSC - IDFB0020108
 Branch Name - Rajouri Garden
 Paytm/Google Pay No 9311178777

I understand the above information and affirm that I have provided complete and accurate information in this form and accompanying documents.

Name of the Applicant _____ Date of Application _____
 Department/Stream/Field of education and work _____

 (Signature of Applicant)

Applicant is requested to ask instant fee slip after submission of fee along with the form and mandatory documents.

Submission: Please email your application as a single document titled "SURNAME First Name" followed in the order as mentioned above to (nnhsa.officialid@gmail.com)

If you have any query, please consult the Frequently Asked Questions document on www.nnhsa.com website.

(Director/Signing Authority)

DECLARATION

1. I Solemnly declare that the answers I have given to the questions in the form are true and that no part of them is false, and that I am willing to fulfil the requirement for registration made.
2. I _____ promise that I will honestly and faithfully serve my service stream and abide by the rules and regulations of the Nutrition and Natural Health Sciences Association to the best of my ability capacity.
3. I _____ further promise that after National Health Award Nomination application, I will have no claim on authorities for any misconception or dispute raised during the practice in healthcare sector under the registered respective stream.

PLACE _____ DATE _____ SIGNATURE OF THE APPLICANT _____