

# NUTRITION AND NATURAL HEALTH SCIENCES ASSOCIATION

## पोषण एवं प्राकृतिक स्वास्थ्य विज्ञान संघ

An Internationally Recognised and Lawfully Instituted Natural Health Sciences Association.

Registered under Society Act XXI of 1860 under National Capital Territory under the Government of India

Registered Address : Building No. 169, Karala, New Delhi - 110 081

Registration No: S/1981/SDM/NW-2014 | website: www.nnhsa.com | email: nnhsa.officialid@gmail.com

Reference Details : .....

Serial No : .....

### MEMBERSHIP FORM

**Life Time Membership**

**Periodic Membership**

**NOTES:** 1. Please choose Membership type by marking '✓' in appropriate boxes.  
2. Membership Application Form must be hand-written in block capitals only.  
3. Please read carefully instructions given overleaf before proceeding with the application.

**5 Year Periodic Membership**

**3 Year Periodic Membership**

**1 Year Periodic Membership**

Passport size self-attested colour photograph of the Applicant

Passport size unattested colour photograph of the Applicant

**DETAILS OF THE MEMBERSHIP APPLICANT:**

1. NAME OF THE APPLICANT	<input style="width: 100%;" type="text"/>
2. FATHER'S NAME	<input style="width: 100%;" type="text"/>
3. MOTHER'S NAME	<input style="width: 100%;" type="text"/>
4. GENDER OF APPLICANT	<input style="width: 100%;" type="text"/>
5. DATE OF BIRTH	<input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> (DD/MM/YYYY)
6. AADHAAR NUMBER	<input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/>
7. PERMANENT ACCOUNT NUMBER	<input style="width: 100%;" type="text"/>
8. NATIONALITY	<input style="width: 100%;" type="text"/>
9. EDUCATIONAL QUALIFICATIONS*	<input style="width: 100%;" type="text"/>
10. FIELD OF SPECIALISATION	<input style="width: 100%;" type="text"/>
11. PRESENT EMPLOYMENT	<input style="width: 100%;" type="text"/>
12. PERMANENT ADDRESS	<input style="width: 100%;" type="text"/>
	CITY <input style="width: 40%;" type="text"/> PIN CODE <input style="width: 40%;" type="text"/>
	STATE <input style="width: 40%;" type="text"/> COUNTRY <input style="width: 40%;" type="text"/>
13. CORRESPONDENCE ADDRESS	<input style="width: 100%;" type="text"/>
	CITY <input style="width: 40%;" type="text"/> PIN CODE <input style="width: 40%;" type="text"/>
	STATE <input style="width: 40%;" type="text"/> COUNTRY <input style="width: 40%;" type="text"/>
14. MOBILE NUMBER (TO BE TREATED AS RMN)	<input style="width: 100%;" type="text"/>
15. E-MAIL ID (TO BE TREATED AS REMID)	<input style="width: 100%;" type="text"/>

**\* QUALIFICATION : ACADEMICS/MEDICALS (ATTACH SELF-ATTESTED COPIES):**

SER NO	QUALIFICATION	BOARD/UNIVERSITY	YEAR OF PASSING	SUBJECTS	MARKS %	DIVISION

**Witness No 1: -**

Signature : .....  
Name : .....  
Designation : .....  
Contact No : .....

**Witness No 2: -**

Signature : .....  
Name : .....  
Designation : .....  
Contact No : .....

**Signature of the Membership Applicant**

DATE :  /  /       DATE :  /  /       DATE :  /  /

