



ASSOCIATION OF ACUPUNCTURE & NATURAL THERAPY

Regd. by Govt. of Tamilnadu

Administrative Office : 654/1, Tenkasi Road (upstairs), Near LIC,
Rajapalayam - 626117, Tamilnadu. Mail : aant2015ntr@yahoo.com web: aant15ntr.page.tl

MEMBERSHIP APPLICATION

Name of the Candidate :
(In block letters and the initial at the end)

Application No :
(To be filled by the Office only)

Date of Registration :
Registered Membership Number :
Checked by :

Address for Communication :

Pin code									

Date of Birth							
D	D	M	M	Y	Y	Y	Y
Date & Year of Wedding							
D	D	M	M	Y	Y	Y	Y

Space for Photograph
to be attested by a
Gazetted Officer

Phone No :
Mobile No :
E Mail :

Average monthly Income : (Tick Mark)			
Below 5000	5000 - 10000	10001 - 20000	Above 20000

Educational Qualification :

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Name of the Parent or Guardian :

Occupation of the Parent or Guardian : Tick

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State Government	
Central Government	
Professional	
Industrialist	
Business	
Agriculture	
Private Organization	
Small Trader	
Other	

Religion :	
Mother Tongue :	
Nationality :	
Native :	
Sex :	

Declaration by the Candidate :

I _____ Son / Daughter / Ward of _____

Here by solemnly declare that the information and statements given in the candidate are true, are correct and complete. I further declare that if it is found otherwise I will be liable to forfeit the seat and / be removed from the rolls of the association at whatever stage of member i may be besides makes me liable for criminal prosecution.

Signature of the Candidate :

Signature of Parent or Guardian

Date :

Place :

EXPERIENCE CERTIFICATE

This is to certify that Sri / Smt _____

S / D / W of _____ Residing at _____

is know to me for the past _____ years. He / She is an experienced practitioner in for _____ years. He / She bears and excellent character and conduct. I am sure that He / She is an asset to the society at large.

This is issued for submission to the President, " ASSOCIATION OF ACUPUNCTURE AND NATURAL THERAPY", Rajapalayam.

Date :

Place :

Signature and Seal