



KARNATAKA ELECTRO HOMOEOPATHY MEDICAL ASSOCIATION

Head Office : Keerti Nagar, Near Court Compound, Sai Baba Temple Road, Vijayapur - 586101
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Photo

MEMBERSHIP APPLICATION FORM

Annual / Life / Direct Membership Application form
(All details to be filled in block letters)

Membership Proposed by Mr./Mrs./Dr. _____ KEHMA HQs. Membership No. _____

To,

The Honorary Secretary General, KEHMA
KEHMA House, Near Court Compound, Vijayapur - 586101.

Dear Sir,

I hereby apply to be enrolled as a member of the Karnataka Electro Homoeopathy Medical Association _____

_____ member through District Branch _____ under the _____

State Headquarters of KEHMA Member's Name (as per EHC / EHC / EHMI / certificate: IN BLOCK Letters) _____

Father's / Spouse's Name _____ Age _____ Date of Birth DD MM YYYY

Address (Permanent / Correspondence) _____

Clinic / Hospital Address _____

Mobile No. _____ Tel @ _____ Tel. (w) _____

Email ID _____ Aadhaar No. _____

Qualification	BEMS	Post Graduation	Super Specialty
College			
University			
Year of Passing			

Designation (Practice / Job)

Registration Details : (Photocopy of registration Certificate to be enclosed with KEHMA HQs. Form)

Registration No. of EH Council / EH Board / EH Institution _____

Declaration

I declare that I am registered with EH Council / EH Board / EH Board that all details and documents furnished are true. If my statement is found to be incorrect my membership would stand to be cancelled and fee paid by me to all sanctions of KEHMA will be Liable to be forfeited by them. I Hereby give undertaking that I shall abide by the Rules and Regulations of KEHMA

Date

Name of the applicant

Signature

