



Electrohomoeopathic Research & Development Organization

Lifetime Membership / Enlistment Form

State Coordinator :

Receipt No.

Name : (FILL IN BLOCK LETTERS)

| | | | | | | | | | | | | | | | | | | | | | |
|-----|-------|--|--|--|--|--|--------|--|--|--|--|--|------|--|--|--|--|--|--|--|--|
| Dr. | | | | | | | | | | | | | | | | | | | | | |
| | First | | | | | | Middle | | | | | | Last | | | | | | | | |

Address (Res.)

Address (Clinic)

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| CITY | | | | | | | | | | | | | | | | | | | | | |
| STATE | | | | | | | | | | | | | | | | | | | | | |
| PIN | | | | | | | | | | | | | | | | | | | | | |

Phone Details :

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| Resi | | | | | | | | | | | | | | | | | | | | | |
| Cell | | | | | | | | | | | | | | | | | | | | | |
| Email / Web | | | | | | | | | | | | | | | | | | | | | |

Educational Details :

| | Year | Passing Marks | University / Board |
|--------------------------------|-------|---------------|--------------------|
| <input type="checkbox"/> 10th | _____ | _____ | _____ |
| <input type="checkbox"/> 12th | _____ | _____ | _____ |
| <input type="checkbox"/> DEHM | _____ | _____ | _____ |
| <input type="checkbox"/> BEMS | _____ | _____ | _____ |
| <input type="checkbox"/> MDEH | _____ | _____ | _____ |
| <input type="checkbox"/> OTHER | _____ | _____ | _____ |

Payment Details :

Amount : _____ Rs. _____ In Words: _____
Mode of Payment : Cash Cheque No. Demand Draft
Cheque / DD No. : _____ Bank Name _____

Declaration :

I have read and understood the terms and conditions mentioned overleaf & unconditionally accept them as binding on me. I further declare and undertake that the above information provide by me is true & correct in all respect.

Signature :

Terms and Condition

- Membership fees is Rs. 1200/- (w.e.f from 01 April 2016). ERDO reserves the right to make any modification in the Membership fees.
- Award of Membership is on discretion of ERDO. ERDO has right to terminate membership at any time.
- The Membership is not transferable. The fees once paid is not refundable.
- The Membership will be terminated if there is any discrepancy in the information provided above.
- Enclose duly attested mark sheets / degree certificate.

Note: Send this form to **Head Office: Opposite Post Office, A3/41 Janakpuri, New Delhi, INDIA, PIN - 110058**