



NATIONAL UNANI DOCTORS WELFARE ASSOCIATION

(An All India Organization of the Graduates of Unani Medicine)

Registered under societies Act 1860, Reg. No. 1-179350

Office : 439C/12 Hardoi Road, Near Koneshwar Crossing (Ashraf Clinic),

Chowk, Lucknow-226003 (UP) | email : nudwaindia@gmail.com

Mob. : 09335277765, 09415424081 | Phone : 0522-2257585

MEMBERSHIP APPLICATION FORM

(Please fill in triplicate (1) for central office, (2) for State Branch Office & (3) for District/Local Branch office)

Self attested
recent photo

To,
The Hon, Secretary General,
National Unani Doctors Welfare Association

Dear Sir,

I hereby apply for annual membership/life membership fo NUDWA, Through Lucknow Branch U.P. State. I am sending my subscription Rs by I have carefully read the Memorandum, Rules and Bye-Law of the Association and agree to abide by them. Please enroll me as a Member of NUDWA. My particulars are given below.

Your faithfully

Date :

Signature of Applicant

1. Full Name (Block Letters)
2. Father Name (Block Letters)
3. Date of Birth Single/Married
4. Address Residence :
.....
..... Phone No.
5. Address Clinic/Hospital :
.....
..... Phone No.
6. Academic Qualification
(i)
(ii)
7. Registration No. Date of Registration
8. Professional Status
(a) Private Practitioner Govt. Employee
(b) In service : Yes/No Designation :

NOTE

Please attach self attested copy of

1. Registration Certificate
2. Address Proof
3. Degree
4. Three recent photographs

FOR OFFICE USE
(To be filled by the Secretary, District/Local Branch)

Forwarded to Hon. Gen. Secretary state
branch (with central and state share)
Signature Hon. Secy. NUDWA Lucknow District
Date and Place

(To be filled by the Secretary, State Council)

1. Forwarded to Hon. Secretary General NUDWA, with Central Share Rs
Signature Hon. Secy. State Branch
Date and Place

(To be filled by the Secretary, Central Council)

2. Received at Headquarter, on (Central Share received/not received)
Membership accepted/rejected for membership
Signature Hon. Secy. Central Council
Date and Place

BANK DETAILS

NAME OF BANK : BANK OF BARODA
BRANCH : CHOWK, LUCKNOW-226003
IFSC : BARB0LUCKNO (Fifth character is zero)
MICR CODE : 226012006
ACCOUNT NUMBER : 06450100029657
ACCOUNT NAME : NATIONAL UNANI DOCTORS WELFARE ASSOCIATION