



स्वस्थस्य स्वास्थ्य रक्षणं, आतुरस्य विकार प्रशमनं

Application for Life Membership  
**Ayurvedic Medical Organization" (AMO)**

Trust Registered at Sub-Registrar, Kamrup (Metro), Assam

Vide No. 3235 Dt. 01/09/2021

Photo

(Please fill in BLOCK LETTERS)

Name: .....

Date of Birth: ..... Blood Group: .....

Qualifications: .....

Institution/College: .....

Place of Work: .....

Permanent Address: .....

.....

Dist..... State: ..... Pin Code: .....

Mailing Address: .....

.....

Dist..... State: ..... Pin Code: .....

Contact No: ..... WhatsApp No.....

E-mail: .....

Graduation: Year of Admission: .....or Passing Year.....

College: .....

Post-Graduation: Year of Admission: ..... Speciality: .....

Institution / College: .....

State / Central Council Registration No.....

(Attached copy of State / Central Council Registration Certificate. For Students- need to submit during internship)

I agree to abide by the rules / regulation of AMO and work for aims and objectives of AMO.

Date-

Signature of Applicant

**MEMBERSHIP FEE: (A) General Member - Rs. 2,000/- & Student- Rs. 1000/- (B) Patron Trustee – Rs. 4,000/-**

Completed Forms to be sent to: - Ayurvedic Medical Organisation (AMO), Keshav Dham, Paltan Bazar, Guwahati-8

Email: [ayu.med.org@gmail.com](mailto:ayu.med.org@gmail.com)

**Bank Details: Axis Bank, Bharalumukh Branch**

**Name: Ayurvedic Medical Organisation (AMO)**

**A/C No. 921020042330491 (Current Account)**

**IFSC: UTIB0003726**

**FOR OFFICE USE ONLY:**

Membership No:.....

**PAYMENT DETAILS (Need to fill by the applicant):**

Payment: Rs..... Date: .....

Account No/ Cheque/DD: .....

PAN: .....

Online Transfer Ref.: .....