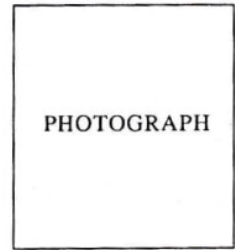




# THE INSTITUTION OF HOMOEOPATHS KERALA

(Reg.NO.264/87, TC Literary,Scientific and Charitable Societies Act XII of 1955)

## APPLICATION FOR MEMBERSHIP



Name : \_\_\_\_\_  
 Age :   D.O.B:       Sex:   
 Qualification :          
 M.C.Reg.NO :       Blood Group: \_\_\_\_\_  
 Uni./Board : \_\_\_\_\_  
 Address(Res) : \_\_\_\_\_

Pincode :        
 Telephone :           Mob:          
 Clinic (1) : \_\_\_\_\_

Pincode :        
 Telephone :           Mob:          
 Clinic (2) : \_\_\_\_\_

Pincode :       Pincode :

LIFE MEMBERSHIP  COUPLE LIFE MEMBERSHIP   
 ORDINARY MEMBERSHIP  COUPLE ORDINARY MEMBERSHIP   
 Special Interest : C H M E  Reserch  Clinical Practice

I .....wish to be enrolled as Member of the Instiution of Homoeopaths Kerala.

I do hereby undertake to abide by the Rules and Regulations and Bye-laws of the institution as are inforce or amended from time to time, and if enrolled as requested, I shall remit my enrolment fee and membership fee as may be prescribed.

Place : \_\_\_\_\_ Date :       Signature. \_\_\_\_\_

Introduced by (1) .....(2) .....  
 members of.....Unit  
 Unit President \_\_\_\_\_ Unit Secretary \_\_\_\_\_

### TO BE FILLED IN BY THE STATE OFFICE

Remarks of S.E.C. \_\_\_\_\_

State President IHK \_\_\_\_\_ General Secretary IHK \_\_\_\_\_ M.D. Secretary IHK \_\_\_\_\_  
 Date :



# I.H.K SOCIAL SECURITY SCHEME

Head Office : IHK Bhavan, TC.43/1496(4), Balvan Nagar Road, Perumally Jn,  
Vallakadavu.P.O, Muttathara, Thiruvananthapuram - 695008

PHOTO

## APPLICATION FORM

(To be filled in Block Letters)

**FOR OFFICE USE**

File No. \_\_\_\_\_

IHK SSS No. \_\_\_\_\_

Unit : \_\_\_\_\_

District : \_\_\_\_\_

Category : \_\_\_\_\_

Name : \_\_\_\_\_  
Name of Father/Husband : \_\_\_\_\_  
Sex : \_\_\_\_\_  
Date of Birth : \_\_\_\_\_  
Age : \_\_\_\_\_  
Qualification : \_\_\_\_\_  
Name of Local Unit of IHK : \_\_\_\_\_  
Name of District of IHK : \_\_\_\_\_  
Name of the Nominee : \_\_\_\_\_  
(All details attached)  
Correspondence Address : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Distric \_\_\_\_\_ Pincode \_\_\_\_\_

Telephone No : \_\_\_\_\_  
Residence : \_\_\_\_\_  
Clinic : \_\_\_\_\_  
Mobile No : \_\_\_\_\_  
E-mail : \_\_\_\_\_

I the undersigned here by apply for the membership of IHK Social Security Scheme. I do here by declare that the above information are true and I agree to pay the amount demanded as per the death of a member of this scheme. I further agree to abide by the condition laid down to the constitution.

Date \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

## CERTIFICATE

This is to certify that Dr. \_\_\_\_\_ is a Life/Ordinary Member of

\_\_\_\_\_ Unit of IHK \_\_\_\_\_ District.

From: \_\_\_\_\_

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Unit Secretary/President  
(Rubber stamp of Local Unit)