



Estd. 2014

Email:asa.india13@gmail.com

## Acupuncture Science Association (ASA)

Registered under Punjab Societies Registration Act (XXI of 1860) No. 239 of 2014-15

Regd. Off: LudhianaAcupunctureMedicalCollege & Dr.KotnisHospital, SalemTabri, Ludhiana - 141 008, Punjab, India. Mob. +91 98887-02426, +91 98140-87723

Head Off.: IRIIM Bhawan, MourigramStationpara, P.O. Unsani, Howrah - 711 302, West Bengal, India. Ph. (033) 2669 6671, 2647 0652, Mob. +91 98311-11317, +91 94330 47918

No.

### MEMBERSHIP APPLICATION FORM

(To be filled in block letters)

Pl. paste  
Applicant's  
Recent Photo

Member's Signature

To  
The General Secretary, Acupuncture Science Association (ASA)

Respected Sir,  
I hereby apply to be enrolled as GENERAL/ STUDENT/ LIFE / ASSOCIATE/ DONOR OR PATRON/ HONORARY MEMBER of our esteemed association. It is requested to accept my requisite fees along with necessary papers and filled in Form for enrollment in the association.

1. Name

2. Father's/Mother's name:

3. Date of Birth: M/F

4. Address (Full with Pincode, Pl. submit Residence Proof):

**Permanent:**

Village/Town/City/State/Country: Pin code:

**Correspondence:**

Village/Town/City /State/Country: Pin code:

Ph. No. (Land & Mobile):

E-Mail: Fax :

5. Qualification:

Basic:

Professional:

6. College/ University/ Institute:

7. Area of Excellency (If any):

8. Research / Hospital (Govt./Non Govt.):

9. Extra Activities

10. Acupuncture Training at College/University/Institute (Full Name & Address; **Submit copy of Cert.**):

11. Medical Practice/ Service for (Duration).....

12. Medical Registration No. - Basic & Acupuncture (if any)

13. Acupuncture practice for (Duration).....

14. Recommended by (Existing Member of ASA)

Full Name:

Membership No.

State:

Full Signature:

I hereby declare that above stated statement is absolutely true to my knowledge. If anyhow any information or above statement is proved false, my/state membership will be cancelled instantly and fees paid for that purpose will be forfeited automatically. I shall hereby give undertaking that I shall abide by rules and regulations of the association, failing which my membership will be stood cancelled.

Date & Place

Full Signature of Applicant

*(Declaration made by the state authority in case of state/district/branch enrollment)*

*The application of the candidate is forwarded for enrollment as member in the association. Information is true to my knowledge.*

Secretary (Name of the State/Branch)

**Acupuncture Science Association (ASA) Membership Subscription\***

i.	Admission Fee:	Rs. 100 (Rupees One Hundred) <u>For General, Life &amp; Associate</u>
ii.	General Membership:	Rs. 200/- (for 1 year); Rs. 600/- (for 3 years)
iii.	Life Membership :	Rs. 2000/- (Rupees Two Thousand)
iv.	Student Membership (Annual):	Rs. 100 (Rupees One Hundred)
v.	Patron Membership:	Rs. 10000/- (Rupees Ten Thousand)
vi.	Donor Membership:	Rs.10000/- (Rupees Ten Thousand)
vii.	Associate Membership:	Same as General/Life Membership

**\*Please Note:**

1. All Bank Drafts/ Cheque should be drawn in favor of "Acupuncture Science Association (ASA)" Payable at Kolkata.
2. People can deposit cheque/ cash directly to the ASA India Head Office Bank Account: 'UCO Bank', Jhorehat – Howrah Branch; West Bengal, India.
3. A/C No. 04030110097229; IFSC: UCBA0000403; MICR Code: 700028057.
4. Outstation cheque or cash deposit should add Rs.25 as bank charges.
5. People must immediately inform details about deposition through SMS/ Email to Head Office only.
6. Cash will only be taken by hand at ASA Head Office. Please do not send the Cash by Post within the envelope.
7. No Membership will be taken without duly filled in prescribed Membership Form, Required Documents, Photos & Membership Fee (if applicable).
8. Associate Member can apply in simplified 1 page Membership Form.

\* See Details in Acupuncture Science Association (ASA) India Membership And State / Branch Formation Procedure Document  
All correspondence should be addressed to: General Secretary, Acupuncture Science Association (ASA),  
C/O 'IRIIMBhawan' Mourigram Station Para, P.O. Unsani, Howrah 711 302, West Bengal, India

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**For Office Use Only**

No. ....

Received an application from.....

At (name of place) by Hand/Post/Email (with Post)..... for enrollment as Member (General/  
Student/ Life / Associate/Donor/ Patron/ Honorary) in the Acupuncture Science Association (ASA).

Date &Place:

General Secretary  
Acupuncture Science Association (ASA)