



WORLD ASSOCIATION OF INTEGRATED MEDICINE

(An International Organization for Global Establishment of Integrated Medicine)

Head Office: At 18, Laxman puri, Uttam Nagat, New Delhi (INDIA)

Administrative Office: N-10/60, C-1, Kakarmatta, Bazardeeha, Varanasi-221106, UP, INDIA

ENROLMENT FOR MEMBER/FELLOWSHIP

1. Name of the Candidate.....

2. Complete AddressMWAIM /FWAIM.....

3. Address for Correspondence (including E-mail ID and Phone).....

4. Educational Qualifications.....

5. Applied for.....

6. Name and address of the lost attended Institution.....

7. Are you employed any where? Yes No

8. If employment in any organization, indicate your designation, years of service

9. Add proofs in supports of your address and qualifications:

10. Payments shall be made through **Cash / Demand Draft / Online Transfer (NEFT / RTGS** in the name of **World Association of Integrated Medicine, all payment will be in Punjab National Bank** at Branch Name **Bhikharipur, Varanasi** through IFS Code: PUNB0404500 in S/B Account No: 4045000100017189. **Copy of proof of Payment should be attached herewith)**

Scanned / Self
Attested Photograph

Dated:

Signature of the Candidate