



☎ : 08920989066, 9868576628

Regd. Doc No. 6812/4, Vol. 2514/77-87 (INDIAN TRUST ACT-1882)

# Centre for Research in Ayurveda and Social Medicine for International Brotherhood

Regd. Off.: 4th Floor, 26/32, Pal Mohan Sadan, East Patel Nagar "Rajendra Place" NEW DELHI-110008  
Centre No. 122, BVK, RG jj Camp, Road No. 77, West Punjabi Bagh, New Delhi-110026

**International Co-ordination Off. H. No.-237, 5th. Floor Satya Niketan, New Delhi-110021**  
TEL.NO:- 011-43054926, 49075916, Website <http://crasmib.org> email: crasmibindia@gmail.com

## MEMBERSHIP APPLICATION FORM

### APPLICATION FEES:-Rs.100/- Pay AC. Only To

CENTRE FOR RESEARCH IN AYURVEDA AND SOCIAL MEDICINE FOR INTERNATIONAL BROTHERHOOD  
HDFC BAIK LTD. WEST PATEL NAGAR NEW DELHI AC. NO..50100497549434 IFSC. COD. 4400

For Registration

FIRST NAME: ----- SURNAME.....

So/Do/Wo.....

DATE OF BIRTH -

AGE: .....Year

PERMANENT ADDRESS: .....

CITY..... STATE..... PIN CODE.....

COMMUNICATION ADDRESS .....

CITY..... STATE..... PIN CODE.....

MOBILE..... EMAIL ADDRESS.....

PLACE OF BIRTH.....MARITAL STATUS: .....

EDUCATIONAL QUALIFICATION: .....

PROFESSIONAL QUALIFICATION: .....

**Citizenship Country :** .....

Attach Copy of Adhar Card, Pain Card

Dear Sir, I the undersigned, request you to kindly grant me Training Seminar and enrolled my name in organization. I assure you that I will abide by the rules & regulations and follow the instruction of the organization. Yours faithfully.....

Signature of Applicant

Date

### For Office Use Only

(Your Membership Subject Will Approve By the Board Of Management)

Application Accepted/Rejected

on.....

Application Rgi. No.....For Membership

Date.....

**Authorized Signatory**

Founder : Dr. Jitendra Singh Raghuvanshi, (Regd. CR No. 001886 CCIM, Govt. of India), BAMS (University Of Delhi), MD (Ayurved) PGCR (AIPM&R, Mumbai Govt. of India "Ministry Of Health & FW"), Ph.D., D.Sc., LL.B.(Lucknow University) Mgt.Biodiversity Cons., Mgt. Forest Arb. & Herbarium (FRI, D.Doan) HIV+/AIDS Innovative Trainer, Certified Under, University of California "Los Angeles (USA) With Govt. of India Founder of Innovative National Health Policy & Med. Edu., Contacts : 9868576628, 8920989066, 7011266490





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### BAMBOO PLANT BOOKING FORM

#### For Bamboo Plant Booking

FIRST NAME: ----- SURNAME.....

So/Do/Wo.....

DATE OF BIRTH -

AGE: .....Year .....

PERMANENT ADDRESS: .....

CITY..... STATE..... PIN CODE.....

COMMUNICATION ADDRESS .....

CITY..... STATE..... PIN CODE.....

MOBILE..... EMAIL ADDRESS.....

tizenship Country : .....

#### ThePlant Booking For. Plise Tik

- 1-गौमाता संरक्षण 2-अपनों के जन्मदिन समारोह 3-अपनी माँ के लिए 4-उपहार के रूप में  
5-महिला दिवस 6-अपने पूर्वजों के लिए 7-किसानों की मदद  
8- नौनिहाल स्मृति वन 9- बाल स्मृति वन 10-शहीद स्मृति वन

No.Of Plant Booking .....X Rs.295/- = Total Amount ..... **Pay AC. Only To**

CENTRE FOR RESEARCH IN AYURVEDA AND SOCIAL MEDICINE FOR INTERNATIONAL BROTHERHOOD  
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. I assure you that I will abide by the rules & regulations and follow the instruction of the organization. Yours faithfully.....

Signature of Applicant

Date

#### For Office Use Only

(Your Plant Booking Subject Will Approve By the Board Of Management)

On Project For.....

Plant Booking Rgi. No.....For Plantation

No.Of Plant Booking ..... Total Amount ..... Date.....

Authorized Signatory

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संरक्षक/सलाहकार

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आत्मवत सर्व भूतेषु



वसुधैव कुटुम्बकम्

