



INDIAN INSTITUTE OF HOMOEOPATHIC PHYSICIANS

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FREE STUDENT MEMBERSHIP

(Student Membership Admission Form)

For Office Use Only: Payment Details

Receipt No.:

Date:

Membership No.:

To

National Secretary General
Indian Institute of Homoeopathic Physicians

Dear Sir

I would like to join in IIHP as a Student Member.

My Bio-data is as follows: (To be filled in Capital Letters)

Name: Father's Name:

Address:

Phone: Mobile: Email:

Optional: WhatsApp No.: Facebook ID:

Prof. /Class: College Regn. No.: Year of joining B.H.M.S.:

Name & Address of the College:

Introduced by: Place:

I have paid: Smart ID Card Fee of 300/-

Attached (must) Xerox of: College ID-Card 2 Passport Sized Photographs

I agree to receive communications on my Phone/Email/WhatsApp/Facebook by IIHP.

I shall fully abide by the Rules, Regulations, Bye Laws & Constitution of IIHP.

Introducer's Signature: Dated: Signature of the Applicant:

Approval of the Head of the Institute / Principal of the Homoeopathic Medical College.

Approved/Disapproved

Principal
Homoeopathic Medical College

State/District Office Bearer - IIHP