



**J.A.MANDAL'S  
INSTITUTE OF INDIAN MEDICINE,  
PUNE (INDIA)**

To :

The Director,  
Institute of Indian Medicine,  
36, Kothrud,  
Pune 411029 (INDIA).

Sir,

I hereby apply for (1) Membership (2) Fellowship (3) Post-doctoral Fellowship of institute of Indian Medicine. Sending herewith

1	U.S. Dollars 300 (Three Hundred only)	
2	U.S. Dollars 500 (Five Hundred only)	
3	U.S. Dollars 700 (Seven Hundred only)	

by D.D/ Cheque towards application fee and fee for Membership / Fellowship / Post-doctoral Fellowship.

(1) FULL NAME \_\_\_\_\_

(2) ADDRESS \_\_\_\_\_

(3) DATE OF BIRTH \_\_\_\_\_

(4) QUALIFICATION/S \_\_\_\_\_

Degree / Diploma	Year of passing	University / Faculty	Remarks

(5) REGISTRATION NO. \_\_\_\_\_

(6) TEACHING EXPERIENCE \_\_\_\_\_ YEAR \_\_\_\_\_

Name of College/Institute	Years From-to	Subject	Designation

(7) RESEARCH EXPERIENCE :

Name of Institute	Years From-to	Subject/ Topic

(8) PRACTICING / PROFESSIONAL EXPERIENCE

Place	Years From-to	Nature of Practice

(9) NAME OF (1) PAPER, (2) ARTICLE, (3) DESERTION, (4) THESIS, (5) BOOK WRITTEN, PUBLISHED ETC.

(10) ENCLOSED HERE WITH :

- (a) Personal Bio-data
- (b) Xerox copy of Degree / Diploma / Post-graduate degree etc.
- (c) Xerox copy of Registration, if any.
- (d) Xerox copy of Teaching experience certificate, if any.
- (e) Xerox copy of Research experience certificate, if any.

(11) I WISH TO WORK UNDER THE GUIDANCE OF

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(12) MY TOPIC OF RESEARCH IS

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(13) CONSENT OF RESEARCH GUIDE

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(14) I WISH TO WORK INDEPENDENT OF GUIDE.

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Date:

Yours faithfully,

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