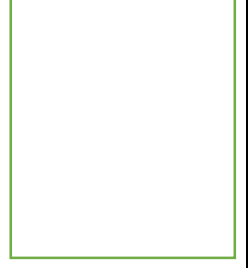# Membership Application Form

Society Name:

Register Address: Ausgram Rd, Guskhara, Purba Bardhaman West Bengal -713128
Mail Id : pnah2024@yahoo.com, Website : www.pnha.in

Personal Information:

- **Full Name:** _____
- **Date of Birth:** _____
- **Gender:** _____
- **Aadhaar No:** _____
- **PAN No:** _____
- **Address:** _____
  - **City:** _____ **State:** _____
  - **PIN Code:** _____
- **Contact Number:** _____
- **Email Address:** _____

Professional Information:

- **Position/Designation:** _____
- **Nursing Home/Hospital Name:** _____
- **Address of Nursing Home/Hospital:** _____
  - **City:** _____ **State:** _____
  - **PIN Code:** _____
- **Contact Number of Nursing Home/Hospital:** _____
- **Nursing Home/Hospital CE License Number:** _____

Membership Details:

- **Membership Fee:** ₹1000 (Non-refundable)

Documents Required:

Please attach the following documents with your application:

1. **Aadhaar Card (Copy with Signature)**
2. **PAN Card (Copy with Signature)**
3. **Passport Size Photograph (1)**

Declaration:

I hereby declare that the information provided above is true and correct to the best of my knowledge. I agree to abide by the rules and regulations of the association.

Signature: _____ Date: _____

Note:
Membership fees must be submitted along with this form. Please ensure that all required documents are attached for processing your application.

Thank you for your interest in joining our association! Together, we strive to support and uplift the nursing home and hospital community.