



SOCIETY FOR ALLIED HEALTH AND HEALTHCARE PROFESSIONS EDUCATION AND RESEARCH (AHAHPER)

(Registration No. LUC/04753/2021-22, Under the Societies Registration Act-1860)

MEMBERSHIP APPLICATION



CONTACT INFORMATION

Full Name: _____

(In Block Letters)

Date of birth: _____ Sex: _____ Nationality: _____

Designation: _____

Institutional address: _____

Address for correspondence: _____

Phone:(O) _____ (R) _____ Mobile: _____

Email: _____

Academic Qualifications (with subjects): _____

Professional Experience (in years): _____

Introduced/Referred by: _____

I enclose herewith Rs. 1000/- by Demand Draft /NEFT/UPI with payment No:.....

.....Drawn ondated.....

Date: _____ Signature _____

Please fill up the form and send a scan copy along with receipt of payment on Email: ahahper2021@gmail.com

For Office Use Only

Membership No.

Secretary – General/Treasurer, AHAHPER

Membership Fee (Payable through bank demand draft/e-transfer in favor of '*SOCIETY FOR ALLIED HLTH N HL THCR PENR*,' payable at Lucknow)

QR CODE



•Life Member – Rs.1000/-

ACCOUNT NAME: *SOCIETY FOR ALLIED HLTH N HL THCR PENR*
BANK NAME: HDFC BANK, Balaganj, Lucknow
ACCOUNT NO.: 50100517779513
IFSC CODE: HDFC0009509

website: www.erauniversity.in/AHAHPER

Address: Office of AHAHPER, Ground Floor, Era University, Sarfarazganj, Hardoi Road, Lucknow- 226003, India