



Rajyoga Education & Research Foundation

(Registered as Society under the provision of Societies Registration Act, 1860)

MEDICAL WING

Membership Application Form

Date:.....

The President,

Rajyoga Education & Research Foundation
Pandav Bhawan, **Mount Abu** – 307 50 (Rajasthan) India

I hereby apply to be an annual member of Rajyoga Education & Research Foundation and agree to pay Rs. 25/- as entrance fee along with Rs. 200/- as Annual subscription for the current year. I agree to pay annual subscription of Rs.200/- towards Renewal Fee before 30thApril, in each subsequent year and/or I agree to pay Rs.2000/- as Life Member subscription.

Kindly treat my entrance fee and Life membership subscription as my voluntary contribution to the corpus of your Society. I have read the rules and regulations of the Rajyoga Education and Research Foundation and agree to abide by them and accept disciplinary jurisdiction of the President or any constitutional authority.

I further certify that I am a regular student of PBKIVV at Centre.....
Zone for the last years and observe all the principles and disciplines. Following are my detailed particulars.

In Educational Services

Signature of the Applicant

(Please fill up the following particulars in capital letters only)

1. Full Name: Age..... M/F

2. Full Postal Address :.....

Dist:..... State:.....

3. Email:

4. Mobile: (Phone)

5. Qualification:

6. Occupation:

7. Type of Membership: Annual Membership / Life Membership

Note: Outstanding Cheques or Demand Drafts are accepted in name of
“Rajyoga Education and Research Foundation” Payable at Mount Abu.

Remarks of the Centre-in-charge:

I confirm that the applicant is our regular student and may be made member of the Foundation.

Signature of Centre-in-Charge

Space for office use only

1. Application No.....

2. Receipt No.....

3. Membership Regn.No.....

4. Membership Approved on.....

Registered office: Pandav Bhawan, 25, New Rohtak Road, **Karol Bagh, New Delhi-110 005**

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