Application for ASSOCIATE MEMBER

GANDHI NATIONAL ACADEMY OF NATUROPATHY

15, Rajghat Colony, Ring Road, New Delhi-110002

1. Name (In full, in Block Letters)_____

2. Father's/Husband's Name_____

3. Age_____

4. Address

   (a) Office_____ (b) Resident_____

5. Telephone

   (a) Office_____ (b) Resident_____

6. Membership Fee Rs. 1100.00 only

7. Swasth Jeewan Life Membership Rs. 1200.00 only.

8. The circumstances that influenced to accept this way of life may be stated in a separate sheet.

9. Study training and experience in Nature Cure to qualify applicant of get enrolled as an 'Assoicate Member'.

10. Practicing Natural way of life since.

11. 5 sample cases treated by applicant (on separate sheet).

12. Book and/or articles writtern (a few specimens may be sent).

13. N.D.D.Y. Certificate (Photo Copy).

14. Two Photos (passport size).

DECLARATION

I shall preach and practice Basic Nature Cure, wherein there shall be no place for drugs or specifics of any kind, and shall utilise prescriptions and treatment only such things as come under the Five Elements embodying therein the Gandhian principle of non-violence.

Date: _____

_____

Signature of applicant

Encl.: _____

उपचार

रोगी इतिहास पत्राक

Patient case sheet

(1) रोगी का नाम.....लिंग.....उम्र.....

(Name of the patient) (Sex) (Age)

(2) पूरा पता.....

(Add.).....

(3) वर्तमान रोग.....

(Present Diseases)-.....

(कब से) Since.....

(4) पूर्व रोगों का इतिहास.....

(Previous history of diseases).....

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(5) रोगी की शारीरिक स्थिति :– (1) भार (Weight).....कि. ग्राम. (K.gm.).....

(Physical condition of patient)(2) ऊंचाई **(Hight)**.....सेन्टीमीटर **(c.m.)**

(3) रक्तचाप **B.P.**.....**Hg/m.m.**

(4) नाड़ी गति**(Pulse)**.....प्रतिमिनट**(Per minute)**

(5) श्वास गति **(Brething)**.....प्रतिमिनट **(Per minute)**

(6) पेट तथा जीभ की स्थिति (Condition of Abdoman & Toung).....

(7) रोगों के अन्य लक्षण (Other symtoms of Diseases).....

(6) उपचार :– जल चिकित्सा मिट्टी चिकित्सा, वायु चिकित्सा सूर्य किरण चिकित्सा मालिश, योगासन, षट क्रयायें आदि जो भी दिया **(Treatment)** गया है उसका विवरण :–**Hydro therapy, Mud therapy, Air therapy, Chromo therapy Massage Yogasan, SatKriya etc.**.....

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(7) आहार :– उपवास, रसाहार, फलाहार आहार आदि जो भी प्रयोग किया हो उसका पूर्ण विवरण

(Diet) Fast, Juice therapy, Fruit, Meal etc. Treatment with full detait.....

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(8) परिणाम :–.....

(Result)

चिकित्सक के हस्ताक्षर

(Doctor's Signature)

नोट :– उपरोक्त आधार पर 5 रोगियों को आपने जो उपचार दिया है उसका विवरण भेजें।

Note:-Send the 5 case history which you treated acording the above performa.