

**International Association of Health, Research and
Welfare HO: 1245/18, Mohalla Sainian, Hisar-125001, Haryana, India**

Membership Form

Name:
Age:
Sex:
Designation:
Organization:
Address (official):
Address (Residential):
Email:
Phone:

Membership	6 month	Annual	3 years
Students	30 US \$	100 US \$	200 US \$
Faculty	-	150 US \$	300 US \$
Institutional	-	200 US \$	500 US \$
*Postal Charges (PC)	As per country rates	As per country rates	As per country rates

The completed form along with the Demand Draft (**DD**), in favor of **Ms. Neelam Goyal** payable at Hisar should be sent to Dr. Sunil Saini, 1245/18, Mohalla Sainian, Hisar, Haryana, India. Ph. +91 94162335739, +91 9873990257. Email:- psyinsight10@gmail.com

Signature