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**SOCIETY FOR ADVANCEMENT OF HUMAN AND NATURE (SADHNA)  
DR Y S PARMAR UNIVERSITY OF HORTICULTURE AND FORESTRY  
PO NAUNI, SOLAN 173 230 HIMACHAL PRADESH, INDIA**

**LIFE MEMBERSHIP FORM**

1. Name (Dr/Mr/Ms) : .....
2. Designation : .....
3. Gender : .....
4. DoB : .....
5. Qualification : .....
6. Father's/Husband's Name : .....
7. Address (Office) : .....

Address (Home) : .....

Phone (H) ..... Phone (O) .....

Mobile ..... Fax .....

Email .....

8. Particulars of payment

- i) Paid in cash vide receipt number.....dated.....
- ii) Bank draft no.....dated.....issued by bank.....  
.....payable at bank.....
- iii) Online payment through.....  
..... dated.....

Signature

**For Office Use Only**

Life Author No.....vide receipt no.....dated.....

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