

All India Cosmetologists & Beauticians Association

Lucknow, U.P.



सौंदर्य-मित्र

AICBA MEMBERSHIP FORM

Attach
Recent
Passport Size
Photo

No. **313**

Please fill in BLOCK LETTERS.
All fields are mandatory.

Name

Father's / Husband's Name

Date of Birth

Qualification

Occupation

Clinic / Parlour Name Address

Residential Address

Date of Issue/Valid upto

Phone No.

Mobile No.

Email-id

Fee : Annual : Rs.: 1500 Life : Rs.: 5000
Cash/Cheque/DD in favour of AICBA
A/c No. 34484764609 payable at SBI, IFS CODE SBIN0010512, Lucknow
For online payment, please visit : www.aicbaindia.com
*Please paste a passport size photograph & attach a copy of:
(i) Address & ID Proof (ii) Qualification / Training Certificate

Note:

- Form duly filled in to be returned to Jwala Hospital, D-2226, Indira Nagar, Lucknow.
Phone No.: 0522-2359673 Fax: 0522-4009715