

Medicinal and Aromatic Plant Association of India

NRCMAP, Boriavi, Anand 387310

Corporate/Organization/Institute Members

Details and Consent Form

Name in BLOCK Letters :

Name of the Official Representative:

Qualification/Degree :

Subject/Specialization :

Office/Correspondence Address :

Phone (Office) :

Email (Office) :

Mobile Phone

Email (Home) :

On behalf of our Corporation/Organization/Institution, I hereby state that we agree to abide by the Constitution and Bylaws of the Association and are committed to the Aims and Objectives of the association.

Date:

Signature