



Indian Association of Chartered Physiotherapists

General Membership Form

(Annex this form with Notarized documents mentioned on page 2)

1. Applicant's Name: [Grid]

2. Father's Name: [Grid]

3. Mother's Name: [Grid]

4. Date of Birth: [Grid] D D M M Y Y Y Y

5. Mobile No.: [Grid]



6. Alternate Mobile No. (WhatsApp No.): [Grid]

7. Email ID: [Grid] @ [Grid]

8. Alternate Email ID: [Grid] @ [Grid]

9. Highest Qualification: [Grid]

10. Name of University/ Institute: [Grid]

11. Year of Admission: [Grid] Year of Passing: [Grid]

12. Current Activity: Service: [] Private Practice: [] Service Abroad: [] Home Visits: []

13. Name & Address of Setup/ Organization: [Grid]

14. Address of Residence (to receive certificate): [Grid]

15. Pin Code: [Grid] State: [Grid] Country: [Grid]

16. Payment Details:

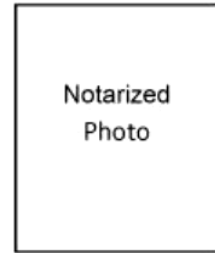
Payment Done Via- Online: [] Demand Draft: []

DD No. with Bank Name: [Grid]

Online Payment Reference No.: [Grid]

Payment Date: [Grid] Amount: [Grid]

I hereby certify that the information given by me about me are TRUE to the best of my knowledge and belief. No information or part of it, is modified or edited or concealed. I know that my Membership can be CANCELLED by the Association at any stage of time if any information is found false. This may invite legal implications.



Membership applying for-

| | |
|--|--|
| | LIFE MEMBERSHIP (lifetime) |
| | STUDENT MEMBERSHIP (1 year, 3 years, 5 years) |
| | PROFESSIONAL MEMBERSHIP (4 years) |
| | GENERAL MEMBERSHIP (4 years) |

MEMBERSHIP FEE:

| | |
|---------------------------------|--|
| LIFE MEMBERSHIP | 9,400/=INR |
| HONORARY MEMBERSHIP | NILL |
| STUDENT MEMBERSHIP | 900/=INR PER YEAR OR 1,400/=INR PER 3 YEARS OR 2,900/=INR PER 5 YEARS |
| PROFESSIONAL MEMBERSHIP | 5,900/=INR PER 4 YEARS |
| GENERAL MEMBERSHIP | 5,100/=INR PER 4 YEARS |
| INSTITUTIONAL MEMBERSHIP | 14,400/=INR FOR 2 YEARS OR 25,000/=INR FOR 4 YEARS |

CANDITATES FROM OTHER COUNTRIES HAVE TO PAY THE FEE IN THE
CONVERTED CURRENCY.

Instructions

***Indian Association of Chartered Physiotherapists do not honor Correspondence degree or diploma.**

*Kindly Attach Xeroxed copy of all the mark sheets, Internship Certificates, Degree / Diploma, Experience Certificates/ Letters, each of these should be duly NOTRIZED by an Advocate. The photograph pasted on the membership form should be notarized for Photograph attestation.

*An Affidavit on Rs. 100/- (or equivalent) Non judicial stamp paper must be submitted along. (Whose proforma is on page 3).

*The payments of any of the Membership fee will be accepted in the form of Demand Draft (D.D.).

*Please send- 2 separate current Passport size colored photographs (Not Attested/ Not Notarized), to be pasted on your certificate & our record; and DD in favor of " **INDIAN ASSOCIATION OF CHARTERED PHYSIOTHERAPISTS** " Payable at " Lucknow ".

PLEASE NOTE that verification of the documents, making certificate and its digitization takes roughly 28-30 days. Means it takes about 30-35 days to send your membership certificate to your mailing address.

Please send all the documents though courier or Speed post at:

**" Dr. Saeed Ahmad
Founding President, Indian Association of Chartered Physiotherapists,
D-4, Good Luck Apartment,
Near Leela Hotel, Cantt Road,
Lucknow. 226001 (U.P.)
Mobile- 9839070304. "**

Proforma of AFFIDAVIT for General Membership

I _____affirmer's name___S/o_____affirmer's father/mother name_____a resident of
_____affirmer's address_____hereby swear-

1. That the Documents that I am providing (_____documents name) with my Application form to IACP are genuine and the information is not altered or modified.
2. That I am willing to be a member of Indian Association of Chartered Physiotherapists (also called IACP).
3. That I will not do any activity that will harm/ disrespect/ discourage the image of IACP or can be considered as an Anti-Indian Association of Chartered Physiotherapists activity. Otherwise I know the consequences that my membership will be voided.
4. That I will always provide a fair and fine care, treatment, and service to my patients and seekers who are seeking care from me.
5. That I will try my level best to involve myself in different activities / courses either online or offline provided by different educational platforms to enhance my knowledge.

Place_____

DEPONENT

Date_____