



# Indian Association of Chartered Physiotherapists

## APPLICATION FORM FOR INSTITUTIONAL MEMBERSHIP

**For Institutes/ Colleges/ Study Centers/ Educational Organizations**



\*Please fill in the form below with black ink and in capital letters.

PAGE.1

NAME OF THE COLLEGE/  
INSTITUTE:

ADDRESS OF THE COLLEGE:

  
  

CITY:

STATE:

PIN CODE:

TELEPHONE NUMBER:

MOBILE NUMBER:

OFFICIAL EMAIL ADDRESS:

OFFICIAL WEBSITE:

NATURE OF THE COURSES OFFERED

\* (DEGREE/DIPLOMA/ PG):

COURSES AFFILIATION^:

1.

2.

3.

Form continues in page 2.

LM Post 150923

\*Please fill in the IIInd part of form below with black ink and in capital letters

GOVERNMENT PERMISSION VIDE  
ORDER NO. :

NAME OF THE PRINCIPAL:

QUALIFICATION:

NAME OF THE DIRECTOR/ CHAIRMAN:

INFRASTRUCTURE OF THE COLLEGE:

<input type="checkbox"/>	PERMANENT	<input type="checkbox"/>	TEMPORARY*
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\*IF TEMPORARY THEN PLEASE PROVIDE THE DETAILS AND PLANS.

**PAYMENTS DETAIL:-**

D.D. NUMBER- \_\_\_\_\_ OF BANK- \_\_\_\_\_

ON DATE- 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**SIGNATURE OF THE PRINCIPAL**

\_\_\_\_\_

**SIGNATURE OF THE  
CHAIRMAN/ DIRECTOR**

\_\_\_\_\_

**SEAL OF THE COLLEGE**

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**MEMBERSHIP FEE:**

**INSTITUTIONAL MEMBERSHIP      14,400/=INR FOR 2 YEARS  
OR 25,000/=INR FOR 4 YEARS**

**ANNAXERS TO BE ENCLOSED WITH THE APPLICATION FORM:**

1.    DETAIL OF THE SOCIETY/ TRUST/ FIRM/ INCORPORATION UNDER WHICH COLLEGE/ INSTITUTE WAS ESTABLISHED AND IS RUNNING.( COPY OF THE CERTIFICATE)
2.    APPROVELS OF THE COURSES ABOVE MENTIONED BY YOU.^
3.    DETAILS OF THE TEACHING FACULTY WITH CADRE.
4.    AN AFFIDAVIT ON RS 100/-(OR EQUIVALENT) NON-JUDICIAL STAMP PAPER MUST BE SUBMITTED, IN WHICH THE INSTITUTE WILL STATE AND DECLARE THE LIST OF “LEAST PARAPHERNALIA, EQUIPMENT, APPARATUS, TEACHING AIDS AND DEMONSTRATION MATERIAL THAT IS AVAILABLE IN THE INSTITUTE” TO CONDUCT THE COURSES EITHER IN TOTAL OR PHASIC MANNER. AND IF ANY TIE UP MOU/ AGREEMENT IS THERE WITH ANY HOSPITAL OR ORGANIZATION TO AID ANY FACILITY THEN IT SHOULD BE MENTIONED, AND THE COPY OF MOU/ AGREEMENT HAS TO BE SUBMITTED ALONG.
5.    ATLEAST 15 CURRENT PHOTOS OF THE COLLEGE. (TAKEN FROM DIFFERENT ANGLES THAT COVERS MOST OF THE IMPORTANT SITES OF THE COLLEGE, INCLUDING INTERNAL AND EXTERNAL CONSTRUCTIONS)

**INSTRUCTIONS**

**\*All the Xerox copies are to be duly NOTRIZED by a registered advocate.**

**\*THE APPLICATION FORM SHOULD BE SEND TO I.A.C.P. THROUGH COURIER OR SPEED POST WITH ANNAXERS AND DIMAND DRAFT (D.D.)- AT THE BELOW MENTIONED ADDRESS. THE D.D. HAS TO BE IN THE FAVOUR OF “INDIAN ASSOCIATION OF CHARTERED PHYSIOTHERAPISTS”, PAYABLE AT “LUCKNOW”.**

**“ Dr. Saeed Ahmad  
Founding President, Indian Association of Chartered Physiotherapists,  
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Lucknow. 226001 (U.P.)  
Mobile- 9839070304”**