AYUSH DOCTORS & PARA MEDICAL ASSOCIATION (ADPMA)

(**A Society Registered under the Society Registration Act, 1860**)

HEAD OFFICE: Aman Nagar, Behind Green Land School, Ludhiana–141008, Punjab (INDIA)

Contact: +91-98881-80388 | +91-93168-50388 | +91-92176-03232

Email: adpma2001@gmail.com | **Website:** www.adpma.in

MEMBERSHIP RENEWAL FORM

आवेदन पत्र – सदस्यता नवीनीकरण

Signature of the Applicant

NOTE: Please fill out this application form in CAPITAL LETTERS only

For Existing Members Only | केवल वर्तमान सदस्यों के लिए

Membership Renewal Application No.: _____

Date of Application: ____ / ____ / _____

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1. EXISTING MEMBERSHIP DETAILS

वर्तमान सदस्यता विवरण

Existing Membership No.: _____

Previous Membership Category:

☐ Basic Membership

☐ Professional Membership

☐ Lifetime Membership

☐ Institutional Membership

Date of Original Membership: ____ / ____ / _____

Current Membership Valid Upto: ____ / ____ / _____

Previous ID Card / Certificate No.: _____

Requested Renewal Period:

☐ 3 Years

☐ 5 Years

☐ Other: _____

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2. MEMBER PERSONAL DETAILS

सदस्य की व्यक्तिगत जानकारी

Full Name:

Father's / Spouse's Name:

Date of Birth: ____ / ____ / _____

Gender:

☐ Male ☐ Female ☐ Other

Mobile No.: _____

Alternate Contact No.: _____

Email ID:

Residential Address:

City: _____ **State:** _____

PIN Code: _____

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3. PROFESSIONAL / QUALIFICATION DETAILS

व्यावसायिक एवं शैक्षणिक विवरण

Highest Qualification:

Professional Qualification / Course:

Profession / Designation:

System / Field:

☐ Ayurveda
☐ Homoeopathy
☐ Unani
☐ Naturopathy & Yoga
☐ Siddha
☐ Para-Medical
☐ Allied Health
☐ Other: _____

Institution / Organization / Workplace:

Professional / Statutory Registration No. (if applicable):

Issuing Authority / Council (if applicable):

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4. MEMBERSHIP CATEGORY FOR RENEWAL

नवीनीकरण हेतु सदस्यता श्रेणी

Please select the applicable category:

☐ **Basic Membership**

☐ **Professional Membership**

☐ **Lifetime Membership**

☐ **Institutional Membership**

If category is being changed, specify:
From _____ To _____

Reason for Category Change, if applicable:

_____

_____

5. PROFESSIONAL / INSTITUTIONAL INFORMATION

संस्था / कार्यस्थल संबंधी जानकारी

Name of Clinic / Hospital / Laboratory / Institute / Organization:

_____

Address:

_____

_____

Designation / Role: _____

Years of Professional / Institutional Association: _____

Website, if any: _____

_____

6. DOCUMENTS ENCLOSED

संलग्न दस्तावेज

Please tick the documents submitted:

☐ Previous ADPMA Membership ID Card

☐ Previous Membership Certificate

☐ Qualification Certificate / Supporting Document, if required

☐ Professional / Statutory Registration Proof, if applicable

☐ Identity Proof, if required

☐ Recent Photograph

☐ Institutional Documents, where applicable

☐ Other: _____

Document Verification Status:

☐ Complete ☐ Incomplete ☐ Not Applicable

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7. RENEWAL FEE DETAILS

सदस्यता नवीनीकरण शुल्क

Membership Category: _____

Renewal Fee: ₹ _____

Late Fee, if applicable: ₹ _____

Other Charges, if applicable: ₹ _____

Total Amount Paid: ₹ _____

Payment Mode:

☐ Cash

☐ UPI

☐ Bank Transfer

☐ Cheque

☐ Online Payment

☐ Other: _____

Transaction / Receipt No.:

Payment Date: ____ / ____ / _____

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8. MEMBER DECLARATION

सदस्य घोषणा

I hereby request renewal of my membership with the **AYUSH Doctors & Para Medical Association (ADPMA)**.

I declare that the information and documents submitted by me are true and correct to the best of my knowledge. I undertake to inform ADPMA of any material change in my qualification, professional status, registration, contact details or other information relevant to my membership.

I agree to abide by the applicable **Constitution, Bye-Laws, Rules, Regulations, Membership Terms & Conditions and Code of Conduct of ADPMA**, as amended from time to time.

I understand that ADPMA membership is an **association membership** and, by itself, does not constitute or confer any government recognition, statutory registration, professional licence, medical practice licence, qualification recognition, or independent right to practice any system of medicine or healthcare profession.

I further undertake that I shall not represent my ADPMA membership as a substitute for any licence, registration, qualification, permission or authorization required under applicable law or by a competent statutory/regulatory authority.

I understand that ADPMA may suspend, refuse renewal of, or cancel membership in accordance with its applicable rules, bye-laws and procedures if any information is found to be false, misleading, fraudulent or otherwise inconsistent with the membership requirements.

Place: _____

Date: ____ / ____ / _____

Signature of Member:

Name of Member:

FOR OFFICE USE ONLY

केवल कार्यालय उपयोग हेतु

Application Received On: ____ / ____ / _____

Previous Membership No.: _____

Membership Category: _____

Documents Verified By: _____

Verification Date: ____ / ____ / _____

Renewal Status:

☐ Approved

☐ Approved with Updated Details

☐ Pending – Documents Required

☐ Rejected

☐ Renewal Not Permitted

Renewed Membership No.:

New Membership Valid From: ____ / ____ / _____

New Membership Valid Upto: ____ / ____ / _____

Renewal Fee Received: ₹ _____

Receipt No.: _____

ID Card Issued: ☐ Yes ☐ No

Certificate Issued: ☐ Yes ☐ No

QR / Online Verification Updated: ☐ Yes ☐ No ☐ N/A

Remarks:

Verified By: _____

Designation: _____

Signature: _____

Date: ____ / ____ / _____

AUTHORIZATION

For AYUSH DOCTORS & PARA MEDICAL ASSOCIATION (ADPMA)

Authorized Signatory

Name: _____

Designation: _____

Signature & Official Seal:

IMPORTANT NOTE

Membership renewal is subject to verification of the application, supporting documents, payment of applicable fees and compliance with the applicable rules and bye-laws of ADPMA.

ADPMA membership does not by itself confer any statutory licence, government recognition, medical practice authority, professional registration, or right to practice. Members are responsible for complying with all applicable laws, rules, regulations and requirements of the competent authority governing their qualification and professional activities.

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