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

INSTITUTIONAL MEMBERSHIP APPLICATION FORM
संस्थागत सदस्यता हेतु आवेदन पत्र

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

For Institutions / Organizations / Healthcare Establishments / Professional Bodies

Application No.: _____

Date: ____ / ____ / _____

Institutional Membership No. (Office Use): _____

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1. INSTITUTIONAL MEMBERSHIP CATEGORY

संस्थागत सदस्यता श्रेणी

Please select the applicable category:

☐ Hospital / Healthcare Establishment
☐ Clinic / Healthcare Centre
☐ Diagnostic / Laboratory Centre
☐ Educational / Training Institution
☐ AYUSH Institution
☐ Para-Medical / Allied Health Institution
☐ Professional Association / Organization
☐ NGO / Society / Trust
☐ Other: _____

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2. INSTITUTION / ORGANIZATION DETAILS

संस्था / संगठन का विवरण

Name of Institution / Organization:

Short Name / Abbreviation, if any:

Type of Organization:

☐ Society
☐ Trust
☐ Company / LLP
☐ Proprietorship
☐ Partnership
☐ Educational Institution
☐ Hospital / Clinic
☐ NGO
☐ Other: _____

Year of Establishment: _____

Registration / Incorporation No.:

Date of Registration / Incorporation: ____ / ____ / _____

Registration Authority:

PAN / GST No., if applicable:

Website, if any:

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3. REGISTERED / OFFICE ADDRESS

पंजीकृत / कार्यालय का पता

Registered Address:

_____

_____

City / Town: _____

District: _____

State: _____

PIN Code: _____

Branch / Operational Address, if different:

_____

_____

4. INSTITUTIONAL CONTACT DETAILS

संस्था के संपर्क विवरण

Official Mobile / Contact No.:

_____

Alternate Contact No.:

_____

Official Email ID:

_____

Alternate Email ID:

_____

Official Website: _____

_____

5. AUTHORIZED REPRESENTATIVE

अधिकृत प्रतिनिधि का विवरण

The institution hereby nominates the following person as its authorized representative for communication and membership-related matters.

Full Name:

Designation:

Father's / Spouse's Name:

Mobile No.: _____

Email ID: _____

Aadhaar / Government ID – Last 4 Digits: _____

Correspondence Address:

Authorized Representative ID / Employee ID, if applicable:

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6. NATURE OF INSTITUTIONAL ACTIVITIES

संस्था की गतिविधियों का विवरण

Main Area of Activity:

☐ AYUSH Healthcare
☐ Para-Medical Services
☐ Allied Health Services
☐ Medical / Healthcare Education
☐ Skill Development / Training
☐ Diagnostic Services
☐ Research / Professional Development
☐ Community Health Activities
☐ Other: _____

Brief Description of Activities:

Major Services / Courses / Activities Offered:

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7. PROFESSIONAL / STATUTORY DETAILS

व्यावसायिक / वैधानिक विवरण

Does the institution hold any applicable licence / registration / authorization?

☐ Yes
☐ No
☐ Not Applicable

If **Yes**, provide details:

Type of Registration / Licence / Authorization:

Registration / Licence No.:

Issuing Authority:

Date of Issue: ____ / ____ / _____

Valid Upto, if applicable: ____ / ____ / _____

Copy Attached: ☐ Yes ☐ No ☐ N/A

Note: Institutional membership of ADPMA does not replace or substitute any statutory registration, licence, permission, recognition or authorization required from the competent authority.

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8. INSTITUTIONAL MEMBERSHIP PURPOSE

संस्थागत सदस्यता लेने का उद्देश्य

Please indicate the purpose of joining ADPMA:

☐ Professional Networking

☐ Institutional Networking

☐ Participation in Seminars / Workshops / Conferences

☐ Professional Development Activities

☐ Community / Public Health Activities

☐ Institutional Representation

☐ Knowledge Sharing

☐ Other: _____

Briefly state the purpose:

_____

_____

9. DETAILS OF HEAD / DIRECTOR / PROPRIETOR / SECRETARY

संस्था प्रमुख का विवरण

Name:

_____

Designation:

_____

Qualification, if applicable:

_____

Mobile No.: _____

Email ID: _____

Professional / Statutory Registration No., if applicable:

_____

_____

Signature of the Applicant

10. INSTITUTIONAL DOCUMENT CHECKLIST

आवश्यक दस्तावेजों की सूची

Please tick ✓ against documents submitted.

Sr. No.	Required Document	Submitted
1	Institution / Organization Registration Certificate	☐
2	Memorandum / Trust Deed / Incorporation Document, if applicable	☐
3	PAN Card of Institution / Organization, if applicable	☐
4	GST Certificate, if applicable	☐
5	Applicable Licence / Registration / Authorization Certificate	☐
6	Address Proof of Institution	☐
7	Authorization Letter / Board Resolution / Institutional Authorization	☐
8	ID Proof of Authorized Representative	☐
9	Photograph of Authorized Representative – 1 Pasted	☐
10	Recent Passport-size Photographs – 2 Attached	☐
11	Other Supporting Documents, if required	☐

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11. AUTHORIZATION OF REPRESENTATIVE

अधिकृत प्रतिनिधि की घोषणा

I hereby confirm that I am duly authorized by the institution / organization to submit this application for Institutional Membership of the **AYUSH Doctors & Para Medical Association (ADPMA)**.

I confirm that the information provided in this application and the documents submitted are true and correct to the best of my knowledge and belief.

Name of Authorized Representative:

Designation: _____

Signature: _____

Date: ____ / ____ / _____

Official Seal / Stamp of Institution

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12. INSTITUTIONAL DECLARATION

संस्थागत घोषणा

We hereby apply for **Institutional Membership of the AYUSH Doctors & Para Medical Association (ADPMA)**.

We declare that the information and documents submitted with this application are true, correct and complete to the best of our knowledge and belief.

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

We understand that Institutional Membership represents an association between the institution and ADPMA and **does not constitute or confer any government recognition, statutory licence, professional registration, healthcare licence, educational recognition, accreditation, affiliation or independent authorization to conduct any regulated activity.**

The institution shall independently maintain all licences, registrations, permissions, approvals and authorizations required under applicable laws and regulations for its activities.

We further undertake that the institution shall not use ADPMA membership, certificate, logo, name or other association documents in a manner that falsely suggests government approval, statutory recognition, accreditation, licensing or authorization.

We understand that submission of this application does not automatically guarantee membership. Institutional Membership shall become effective only after verification, approval by the competent authority of ADPMA and completion of applicable formalities and payment of prescribed membership fees.

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13. UNDERTAKING BY INSTITUTION

We confirm that:

☐ The information provided in this application is true and accurate.

☐ The documents submitted are genuine and valid.

☐ The institution has disclosed relevant registration / licence details, where applicable.

☐ The authorized representative is duly authorized to submit this application.

☐ We will inform ADPMA of any material change in institutional registration, address, authorized representative or other relevant information.

☐ We will comply with ADPMA's applicable rules and Code of Conduct.

☐ We will not represent ADPMA Institutional Membership as a statutory licence, government approval, accreditation or recognition.

☐ We will comply with all applicable laws, rules, regulations and requirements of the competent authorities governing the institution's activities.

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14. SIGNATURE & OFFICIAL SEAL

Name of Authorized Representative:

Designation: _____

Signature: _____

Date: ____ / ____ / _____

Place: _____

OFFICIAL SEAL / STAMP

15. FOR ADPMA OFFICE USE ONLY

केवल ADPMA कार्यालय उपयोग हेतु

Application Status:

☐ Approved

☐ Approved – Subject to Additional Documents

☐ Pending

☐ Rejected

Institutional Membership Category:

Membership No.:

ADPMA/IM//

Membership Valid From: ____ / ____ / _____

Membership Valid Upto: ____ / ____ / _____

Membership Fee Received: ₹ _____

Receipt No.: _____

Payment Mode: _____

Certificate No.: _____

Authorized Representative ID / Record No.: _____

QR / Online Verification:

☐ Created ☐ Updated ☐ N/A

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16. DOCUMENT VERIFICATION

दस्तावेज सत्यापन

Institution Registration Verified:

☐ Yes ☐ No ☐ N/A

Address Verified:

☐ Yes ☐ No

Authorization Verified:

☐ Yes ☐ No

Licence / Registration Verified:

☐ Yes ☐ No ☐ N/A

Authorized Representative Verified:

☐ Yes ☐ No

Documents Complete:

☐ Yes ☐ No

Verified By: _____

Designation: _____

Date: ____ / ____ / _____

Remarks:

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17. FINAL APPROVAL

Recommended / Verified By

Name: _____

Designation: _____

Signature: _____

Date: ____ / ____ / _____

Approved By – Authorized Signatory

Name: _____

Designation: _____

Signature: _____

Date: ____ / ____ / _____

OFFICIAL SEAL

IMPORTANT NOTICE

ADPMA Institutional Membership is an association membership only. It should not be represented as a statutory licence, government recognition, accreditation, affiliation, professional registration, healthcare authorization or qualification recognition.

The institution remains solely responsible for maintaining all applicable registrations, licences, permissions, approvals and authorizations required by competent authorities for its activities.

ADPMA reserves the right to verify the information and documents submitted and to accept, defer, suspend or decline an application in accordance with its applicable Constitution, Bye-Laws, Rules, Membership Policy and procedures.

Incomplete applications may be kept pending until the required information or documents are provided.

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