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 CATEGORY CHANGE / UPGRADE FORM

सदस्यता श्रेणी परिवर्तन / उन्नयन हेतु आवेदन पत्र

Signature of the Applicant

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

For Existing ADPMA Members | केवल वर्तमान ADPMA सदस्यों हेतु

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

Application No.: _____

Date: ____ / ____ / _____

Existing Membership No.: _____

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1. CURRENT MEMBERSHIP DETAILS

वर्तमान सदस्यता विवरण

Member's Full Name:

Father's / Spouse's Name:

Date of Birth: ____ / ____ / _____

Mobile No.: _____

Email ID: _____

Current Membership No.:

ADPMA//

Date of Existing Membership: ____ / ____ / _____

Current Membership Valid Upto: ____ / ____ / _____

Current Membership Category

☐ **Basic Membership**

☐ **Professional Membership**

☐ **Lifetime Membership**

☐ **Institutional Membership**

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2. REQUESTED MEMBERSHIP CATEGORY

प्रस्तावित सदस्यता श्रेणी

I hereby request ADPMA to change / upgrade my membership to:

☐ **Basic Membership**

☐ **Professional Membership**

☐ **Lifetime Membership**

☐ **Institutional Membership**

Category Change

From: _____

To: _____

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3. REASON FOR CHANGE / UPGRADE

सदस्यता श्रेणी परिवर्तन / उन्नयन का कारण

Please specify the reason:

☐ Obtained / completed additional qualification

☐ Professional qualification update

☐ Professional registration obtained / updated

☐ Change in professional status

☐ Eligibility for Professional Membership

☐ Request for Lifetime Membership

☐ Change from Individual to Institutional Membership

☐ Other: _____

Brief Details:

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4. UPDATED PROFESSIONAL DETAILS

अद्यतन व्यावसायिक विवरण

Highest Qualification:

Professional Qualification / Course:

Specialization / System:

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

Institution / University / Board:

Year of Passing: _____

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5. PROFESSIONAL / MEDICAL REGISTRATION

Do you hold applicable Professional / Medical Registration?

☐ Yes ☐ No ☐ Not Applicable

Registration No.:

Registration / Licensing Authority / Council:

Date of Registration: ____ / ____ / _____

Valid Upto, if applicable: ____ / ____ / _____

Registration Certificate Attached:

☐ Yes ☐ No ☐ N/A

Note: Where applicable, professional registration must be maintained with the competent statutory / regulatory authority. ADPMA membership does not substitute for statutory professional registration or licensing.

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6. DOCUMENTS SUBMITTED

संलग्न दस्तावेज

Please tick ✓ against documents submitted with this application.

Sr. No.	Document	Submitted
1	Existing ADPMA Membership ID Card	☐
2	Existing Membership Certificate	☐
3	Updated Qualification Certificate	☐
4	Updated Marksheet / Academic Record	☐
5	Medical / Professional Registration Certificate, if applicable	☐
6	Experience Letter, if applicable	☐
7	Aadhaar Card / Government ID, if required	☐

Sr. No.	Document	Submitted
8	Recent Passport-size Photograph, if required	☐
9	Other Supporting Document	☐

Additional Document Details:

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7. MEMBERSHIP FEE / DIFFERENTIAL FEE

सदस्यता शुल्क / अतिरिक्त शुल्क

Existing Membership Category: _____

Existing Membership Fee / Status: ₹ _____

Requested Membership Category: _____

Applicable Membership Fee: ₹ _____

Adjustment / Differential Fee: ₹ _____

Other Charges, if applicable: ₹ _____

Total Amount Payable

₹ _____

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 the **AYUSH Doctors & Para Medical Association (ADPMA)** to change / upgrade my existing membership category as specified in this application.

I declare that all information and documents submitted by me are true, correct and complete to the best of my knowledge and belief.

I understand that the requested change or upgrade is subject to verification of my membership record, eligibility, supporting documents, applicable fee and approval by the competent authority of ADPMA.

I undertake to inform ADPMA of any material change in my qualification, professional registration, professional status, contact details or other information relevant to my membership.

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

I understand that membership category change or upgrade does not itself constitute or confer any government recognition, statutory registration, professional licence, medical practice licence, qualification recognition, accreditation or independent right to practice any system of medicine or healthcare profession.

I shall not represent my upgraded membership category as a substitute for any statutory registration, licence, permission or authorization required by the competent authority.

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9. UNDERTAKING

I confirm that:

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

☐ The documents submitted are genuine.

☐ I have disclosed relevant qualification and professional registration information.

☐ I meet the applicable requirements for the requested membership category, subject to verification by ADPMA.

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

☐ I will not misuse ADPMA membership documents or represent membership as government authorization.

☐ I authorize ADPMA to verify the documents and information submitted with this application.

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10. MEMBER'S SIGNATURE

Full Name: _____

Membership No.: _____

Signature: _____

Place: _____

Date: ____ / ____ / _____

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11. FOR ADPMA OFFICE USE ONLY

केवल ADPMA कार्यालय उपयोग हेतु

Existing Membership Verification

Membership No. Verified:

☐ Yes ☐ No

Membership Status:

☐ Active ☐ Expired ☐ Suspended ☐ Other

Current Category Confirmed: _____

Eligibility Verification

Requested Category: _____

Eligibility Verified:

☐ Yes ☐ No ☐ Additional Documents Required

Qualification Verified:

☐ Yes ☐ No ☐ N/A

Professional Registration Verified:

☐ Yes ☐ No ☐ N/A

Documents Complete:

☐ Yes ☐ No

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12. APPROVAL STATUS

☐ **Approved**

☐ **Approved – Category Updated**

☐ **Approved – Subject to Additional Documents**

☐ **Pending**

☐ **Not Approved**

Approved Category:

Effective From: ____ / ____ / _____

New / Updated Membership No.:

ADPMA//

New Membership Valid Upto: ____ / ____ / _____

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13. FEE & RECORD UPDATE

Fee Received: ₹ _____

Receipt No.: _____

Payment Verified: ☐ Yes ☐ No

Membership Database Updated: ☐ Yes ☐ No

ID Card Updated / Reissued: ☐ Yes ☐ No ☐ N/A

Certificate Updated / Reissued: ☐ Yes ☐ No ☐ N/A

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

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14. VERIFICATION & APPROVAL

Verified By

Name: _____

Designation: _____

Signature: _____

Date: ____ / ____ / _____

Approved By – Authorized Signatory

Name: _____

Designation: _____

Signature: _____

Date: ____ / ____ / _____

OFFICIAL SEAL

IMPORTANT NOTICE

Membership Category Change / Upgrade is subject to verification of eligibility, membership records, supporting documents and payment of applicable fees. Submission of this application does not automatically result in approval or change of membership category.

ADPMA membership is an association membership only and does not by itself constitute or confer any government recognition, statutory registration, professional licence, medical practice authorization, accreditation, qualification recognition or independent authority to practice any system of medicine or healthcare profession.

Members remain responsible for maintaining all qualifications, registrations, licences, permissions and authorizations required by the applicable competent authority for their professional activities.

ADPMA reserves the right to request additional documents or clarification and to approve, defer or decline a category change / upgrade in accordance with its applicable Constitution, Bye-Laws, Rules, Membership Policy and procedures.

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