



WORLD ASSOCIATION OF INTEGRATED MEDICINE

(An International Organization for establishment of Integrated Medicine)

Head Office: A-146/2, Lane No. 4, North Block, West Vinod Nagar, Delhi-110092,INDIA

President Office: N-10/60, C-1, Kakarmatta, Bazardeeha, Varanasi-221009,UP,INDIA

AFFILIATION FORM

1. Applied for the Faculty of.....

2. Name of the Applying Institution.....

3. Name of the President/Secretary/Managing Director/Director of the Institution.....

4. Complete Postal Address, Phone No., Fax , Email, Website (If any) of the Institution.....

5. Is the Institution registered? If, yes, please mention the registration number, year of registration and name of the registration authority.....
.....
.....

6. Enclose the brief resume of the Official concerned mentioned on Sl. No. 3 Enclosing / Not enclosing.....

7. Details of the Enclosures:

a.

b.

c.

d.

e.

f.

g.

Note: (In case of more enclosures, please add separate page with Sl. No 7 and mention the name of additional enclosure if any)

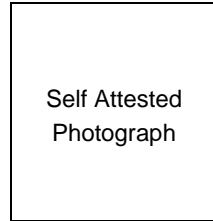
Place.....

Signature of the Applicant

Dated.....

Full Name.....

Seal of the Institution



PAYMENT OF FEE

I am here with making the payment of Affiliation Fee for affiliation of my above mentioned Institution for conduction the Postgraduate Degree/Diploma/Medico-technical course which is Rs./US\$.....inCash/Demand Draft bearing No.....dated.....of(*Name of the Bank*) in the name of **World Association of Integrated Medicine** Payable at Varanasi/New Delhi.

Dated:.....

Signature of the Candidate

DECLARATION

I.....President/Secretary/Managing Director/Director hereby declare that all the information mentioned in this form are true and correct to the best of my knowledge and believe. I have not concealed any information, should it be so at any point of time, my candidature for affiliation is liable to be cancelled, if it is found on later date my affiliation is liable to be cancelled and further, I also declare that if there is any loss to WAIM due me I am responsible for the same and will compensate the loss as decided by WAIM. I know that fee once paid is non refundable.

Dated.....

Signature of the Candidate

FOR OFFICE USE ONLY

.....upon completion of the initial requirement has been granted Provisional Affiliation with the World Association of Integrated Medicine for one year. The affiliation is renewable subject to smooth functioning. The institute can be disaffiliated without assigning any reason.

Dated.....

Signature of the Registrar