



WORLD ASSOCIATION OF INTEGRATED MEDICINE

(An International Organization for Global Establishment of Integrated Medicine)

Head Office: At 18 Laxman puri, Uttam Nagat, New Delhi (INDIA)

Administrative Office: N-10/60, C-1, Kakarmatta, Bazardeeha, Vararnasi-221106, UP, INDIA

AFFILIATION / ASSOCIATION FORM

1. Applied for the Affiliation / Association

2. Name and complete Address of Applicant

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3. Name and Address Institute (Complete Postal Address, Phone No., E-mail)

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

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5. Brief resume of the Applicant (including birth detail, educational qualification, experience etc.)

6. Details of the Enclosures:

a.

b.

c.

Note: (In case of more enclosures, please add separate page)

7. Payments shall be made through **Cash / Demand Draft / Online Transfer (NEFT / RTGS)** in the name of **World Association of Integrated Medicine** payment in **Punjab National Bank** at Branch **Bhikharipur, Varanasi** through IFS Code: PUNB0404500, Swift Code: PUNBINBBVMG in S/B Account No: 4045000100017189..(Copy of proof of Payment should be attached)

Dated:

Signature of the Candidate

Scanned / Self
Attested Photograph