WORLD ASSOCIATION OF INTEGRATED MEDICINE

(An International Organization for Global Establishment of Integrated Medicine)

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

Administrative Office: N-10/60, C-1, Kakarmatta, Bazardeeha (*Via Industrial Estate*), Vararnasi-221106, UP, INDIA

AFFILIATION / ASSOCIATION FORM

1. Applied for the Institute of…….....……....

2. Name and complete Address of Applicant …….....

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

.....……....……...

……

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Scanned / Self Attested Photograph

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

.....……..……

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

6. Details of the Enclosures:

a. .....

b. .....

c.....

d. .....

e. .....

f. .....

g. .....

Note: (In case of more enclosures, please add separate page with Sl.No 6 and mention the name of additional enclosure if any)

Place: ……. **Signature of the Applicant**

Dated: …… **Full Name: ……..……**

Seal of the Institution

PAYMENT OF FEE

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. The candidates residing in India will pay in Indian Rs.(Payment in INR). Foreign candidates are requested to make their payment through Correspondent Bank in above account.(**Copy of proof of Payment should be attached herewith**)

Dated: …… **Signature of the Candidate**

A NOTERISED DECLARATION

(Attach separately on the Stamp of Rs.100/=Only)

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.

Dated: …… **Signature of the Registrar**