



WORLD ASSOCIATION OF INTEGRATED MEDICINE

(An International Organization for establishment of Integrated Medicine)

Head Office: C -14 Ground Floor, Chhatarpur Enclave, Phase II, Chhatarpur, New Delhi - 110074, INDIA

Administrative Office: N-10/60, C-1, Kakarmatta, Bazardeeha (Via Industrial Estate), Varanasi - 221106, 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.

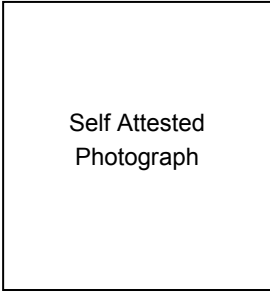
c.

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

8. 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 Name **Bhikharipur, Varanasi** through IFS Code: PUNB0404500 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

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