



# Indian Association of Chartered Physiotherapists

## APPLICATION FORM FOR ACCREDITATION OF HEALTH CARE CENTER BY THE INDIAN ASSOCIATION OF CHARTERED PHYSIOTHERAPISTS

For Physiotherapy Centres, Physiotherapy Clinics, Physiotherapy Departments.



**\*Please fill in the form below with black ink and in capital letters**

**PAGE.1**

NAME OF THE APPLICANT:

NAME OF THE SETUP:

ADDRESS OF THE SETUP:

CITY:

STATE:

PIN CODE:

TELEPHONE NUMBER:

MOBILE NUMBER 1:

MOBILE NUMBER 2:

EMAIL ADDRESS:

OFFICIAL WEBSITE(IF ANY):

NATURE OF THE FACILITIES OFFERED AT THE SETUP:

Form continues in page 2.

\*Please fill in the form below with black ink and in capital letters

PAGE 2

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GOVERNMENT PERMISSION VIDE  
ORDER NO./ FIRM/COMPANY  
REGISTRATION/ PARTNERSHIP:  
(Reg. Name., Reg. No., other detail)

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NAME OF THE OWNER:

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NAME OF THE MANAGER:

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MANAGER'S QUALIFICATION:

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DETAILS OF THE PHYSIOTHERAPISTS/ CONSULTANTS/ PROFESSIONAL STAFF:

1- NAME:

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1- QUALIFICATION:

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2- NAME:

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2- QUALIFICATION:

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3- NAME:

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3- QUALIFICATION:

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4- NAME:

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4- QUALIFICATION:

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Form continues in page 3.

\*Please fill in the form below with black ink and in capital letters

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**DEDICATED MEDICAL TREATMENT DEVICES AVAILABLE AT THE SETUP (OWNED):**


**DEDICATED MEDICAL DIAGNOSTIC DEVICES AVAILABLE AT THE SETUP (OWNED):**


**PAYMENTS DETAIL-**

**PREFERENCE OF THE PAYMENT MODE FOR SUBMISSION OF APPLICATION FEES:**

<input type="checkbox"/>	ONLINE A/C TRANSFER	<input type="checkbox"/>	DRAFT(D.D.)	<input type="checkbox"/>	UPI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RTGS/ NEFT
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Form continues in page 4

\*Please fill in the form below with black ink and in capital letters

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THE PAYMENT GATEWAY DETAILS WILL BE PROVIDED TO YOU AFTER FORM BEEN RECEIVED BY THE ASSOCIATION.  
YOU WILL HAVE TO SUBMIT THE APPLICATION FEES THEN ONLY YOUR APPLICATION IS FORWARDED FOR EVALUATION AND SCRUTENY.

### Fee Structure

**Application Fee-** **3,000/=INR**

**Accreditation Fee-**

**-Pre-Inspection Fee-** **14,000/INR**

**-Post Inspection Fee-** **16,000/INR**

*The fee for Accreditation is kept in two halves-  
i.e. **Pre-Inspection and Post-Inspection.***

*These rules are laid in the favor of Centre, for not losing the inspection fees if they can't pass Inspection.*

*\* If the Centre fails the inspection it can Re-apply for second Inspection through the same Application Form without submitting the Pre-Inspection fees.*

### Instructions

- 1.Level First** is submission of Form. *IACP also accepts the form request through email.*
- Submit the duly filled Accreditation Request Form with all your supporting documents (list is provided on the last page).  
(It takes approximately 25 days for IACP to evaluate Request form)
- An email of Form Acceptance will come to your email address with Payments Credentials that you opted.
- Now submit the Application Fee.
- If your application form is passed then the Centre passes its Level first.
- Now **Level Second** is on-Site Inspection. Now submit the Pre-Inspection Fee.  
IACP will send a team for the Centre's Inspection. This may be an online inspection or an offline inspection. While inspection, the team grants grades to the Centre. There are 10 categories on which Inspection is based.  
# These Grades will judge the granting of the Accreditation or Not\*.
- Now clearing Level second (i.e. onsite inspection), a Conformation letter will be send from IACP's Head Office notifying the Institute that they have passed LEVEL SECOND and now they have to submit

the Post Inspection fees.

8. After the submission of post Inspection fees. The Institution will be completely granted the Accreditation certificate & Registration.

Form continues in page 4

\*Please fill in the form below with black ink and in capital letters

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THE APPLICATION FORM SHOULD BE SEND TO I.A.C.P.-

1. EITHER THROUGH EMAIL AT – [iacp\\_saad@rediffmail.com](mailto:iacp_saad@rediffmail.com)

2. OR THROUGH POST WITH D.D. AT THE ADDRESS-

“ Dr. Saeed Ahmad  
Founding President,  
Indian Association of Chartered Physiotherapists,  
D-4, Good Luck Apartment,  
Near Leela Hotel, Cantt Road,  
Lucknow. 226001 (U.P.)  
Mobile- 9839070304 ”

The D.D. HAS TO BE IN THE FAVOUR OF “INDIAN ASSOCIATION OF CHARTERED PHYSIOTHERAPISTS”,  
PAYABLE AT “LUCKNOW”.

**NOTE:** In any activity done by the Centre that harms/ or disrespects/ or discourages the Image of the Association. Or any act that discriminates the Rules laid by the Association. The Accreditation may be voided and the Centre name may be Black Listed.

The Association may ask for yearly assessments and inspections for quality assurance. Or may ask the centre for virtual assessment.

**The accreditation will be valid for 5 Years.** Renewal fee will be subject to the policy of the Association at the time of renewal year.

You will be provided with the list of least required paraphernalia after evaluation of your application.

We hereby declare that the information given by us are TRUE to the best of my knowledge and belief. No information or part of it, is modified or edited or concealed. I know that my Application/ Registration can be CANCELLED by the Association at any stage of time if any information is found False. This may invite legal implications. \*

**SIGNATURE OF THE APPLICANT**

**SIGNATURE OF THE  
OWNER**

**SEAL OF THE CENTRE**

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**SIGNATURE OF THE MANAGER**

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**DATE-**

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### **ANNAXERS TO BE ENCLOSED WITH THE APPLICATION FORM**

1. DETAIL OF THE SOCIETY/ TRUST/ FIRM/ INCORPORATION UNDER WHICH CENTRE/ CLINIC/ SETUP/ DEPARTMENT/ SHOP WAS ESTABLISHED AND IS RUNNING. (COPY OF THE CERTIFICATES)
2. BIO-DATA OF THE OWNER (WITH ID PROOF)
3. DEGREE CERTIFICATES OF THE PROFESSIONAL STAFF/ CADRE.
4. BIO-DATA OF THE MANAGING DIRECTOR/ HEAD ADMINISTRATOR.
5. CURRENT FACILITIES PLAN COPY.
6. EXISTING INFRA-STRUCTURE PLAN COPY WITH FUTURE EXPANTION PLANS.
7. ATLEAST 15 CURRENT PHOTOES OF THE CENTRE. (TAKEN FROM DIFFERENT ANGLES INCLUDING INTERNAL AND EXPERNAL SITES THAT COVERS MOST OF THE IMPORTANT SITES OF THE CENTRE)
8. ANY OTHER SUPPORTIVE DETAIL/ DOCUMENT CENTRE WANT TO PROVIDE.
9. AN AFFIDAVIT ON RS 100/-(OR EQUIVALENT) NON-JUDICIAL STAMP PAPER MUST BE SUBMITTED, IN WHICH THE CENTRE WILL STATE AND DECLARE THE LIST OF “LEAST PARAPHERNALIA, EQUIPMENT, APPARATUS, TEACHING AIDS AND DEMONSTRATION MATERIAL THAT IS AVAILABLE IN THE INSTITUTE” TO CONDUCT THE CLINIC EITHER IN TOTAL OR PHASIC MANNER. AND IF ANY TIE UP MOU/ AGREEMENT IS THERE WITH ANY HOSPITAL OR ORGANIZATION TO AID ANY FACILITY THEN IT HAS TO BE MENTIONED, AND THE COPY OF MOU/ AGREEMENT SHOULD BE SUBMITTED ALONG.  
THIS AFFADAVIT WILL BE SUBMITTED AT THE TIME OF PRE-INSPECTION FEE SUBMISSION.