



Indian Association of Chartered Physiotherapists

APPLICATION FORM FOR AFFILIATION/ RECOGNITION BY THE INDIAN ASSOCIATION OF CHARTERED PHYSIOTHERAPISTS

For Institutes/ Colleges/ Study Centers/ Educational Organizations



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

PAGE.1

NAME OF THE COLLEGE/
INSTITUTE:

ADDRESS OF THE COLLEGE:

CITY: STATE:

PIN CODE: TELEPHONE NUMBER:
MOBILE NUMBER:

OFFICIAL EMAIL ADDRESS:

OFFICIAL WEBSITE:

NATURE OF THE COURSES OFFERED^
(DEGREE/DIPLOMA/ PG):

COURSES AFFILIATION:
(WITH YEAR OF ACTIVATION)

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Form continues in page 2.

*Please fill in the IInd part of form below with black ink and in capital letters

PAGE 2

GOVERNMENT PERMISSION VIDE
ORDER NO. :

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NAME OF THE PRINCIPAL:

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QUALIFICATION:

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NAME OF THE DIRECTOR/ CHAIRMAN:

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INFRASTRUCTURE OF THE COLLEGE:

<input type="checkbox"/>	PERMANENT	<input type="checkbox"/>	TEMPORARY
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FACILITIES AVAILABLE AT COLLEGE:*

A) ACADEMIC FACILITIES:

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B) CLINICAL FACILITIES:

<input type="checkbox"/>	COLLEGE OWNED	<input type="checkbox"/>	TIED UP(ATTACH COPY OF THE MOUS/ PERMISSIONS OF THE TIE UPs)
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PAYMENTS DETAIL:

PREFERENCE OF THE PAYMENT MODE-

<input type="checkbox"/>	BANK A/C TRANSFER	<input type="checkbox"/>	DIMAND DRAFT(D.D.)	<input type="checkbox"/>	PAYTM	<input type="checkbox"/>	UPI	<input type="checkbox"/>	GOOGLE PAY
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THE PAYMENT GATEWAY DETAILS WILL BE PROVIDED TO YOU AFTER THE ACCEPTANCE OF THE APPLICATION FORM. YOU WILL GET A CONFORMATION EMAIL SOON AFTER SUBMISSION.

SIGNATURE OF THE PRINCIPAL

**SIGNATURE OF THE
CHAIRMAN/ DIRECTOR**

SEAL OF THE COLLEGE

ANNAXERS TO BE ENCLOSED WITH THE APPLICATION FORM

1. COPY OF THE UNIVERSITY AFFILIATION ORDER.
2. DETAIL OF THE SOCIETY/ TRUST/ FIRM/ INCORPORATION UNDER WHICH COLLEGE/ INSTITUTE WAS ESTABLISHED AND IS RUNNING.(COPY OF THE CERTIFICATE)
3. APPROVELS OF THE COURSES ABOVE MENTIONED BY YOU.^
4. BIO-DATA OF THE PRINCIPAL/ DIRECTOR/ CHIEF ADMINISTRATOR.
5. DETAILS OF THE TEACHING FACULTY WITH CADRE.
6. MOU/ AGGREMENTS WITH HOSPITALS FOR CLINICAL ROTATIONS(IF TIED UP)
7. EXISTING INFRA-STRUCTURE PLAN COPY WITH FUTURE EXPANTION PLANS.
8. CURRENT FACILITIES PLAN COPY.*
9. AN AFFIDAVIT ON RS 50/- (OR EQUIVALENT) NON-JUDICIAL STAMP PAPER MUST BE SUBMITTED, IN WHICH THE INSTITUTE 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 COURSES 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.
10. ATLEAST 15 CURRENT PHOTOES OF THE COLLEGE. (TAKEN FROM DIFFERENT ANGLES THAT COVERS MOST OF THE IMPORTANT SITES OF THE COLLEGE, INCLUDING INTERNAL AND EXTERNAL CONSTRUCTIONS)
11. ANY OTHER SUPPORTIVE DETAIL/ DOCUMENT COLLEGE WANT TO PROVIDE.

Instructions

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

- 1. EITHER THROUGH EMAIL AT – iacp_saad@rediffmail.com**
- 2. OR THROUGH POST WITH D.D. (amount equivalent to the pre inspection fee) 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”.**