



# AKHIL BHARATIYA PRAKRITIK CHIKITSA PARISHAD

Head Office : 97/3, Naskar Para Road, Howrah-711107

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## APPLICATION FORM FOR INSTITUTIONAL AFFILIATION

Application hereby made to the AKHIL BHARATIYA PRAKRITIK CHIKITSA PARISHAD for Institutional Affiliation.

I hereby submit the relevant particulars with regard to our institution as specified below and shall furnish such other particulars which may be required by the ABPCP for Institutional Membership.

1. Name and address of the Institution : \_\_\_\_\_  
\_\_\_\_\_
2. Address of the hospital premises : \_\_\_\_\_  
\_\_\_\_\_
3. Number of the beds already provided in the hospital and details about the provision for future expansion : \_\_\_\_\_
4. Name of its Principal / Teacher-in-charge and Secretary : \_\_\_\_\_
5. Full names and address of the members of its Governing Body, their occupations and other relations, if any, with the institution : 9to be attached separately) \_\_\_\_\_  
\_\_\_\_\_
6. Full names, address and qualifications of the members of the Teaching staffs of the Institution (to be attached separately) \_\_\_\_\_
7. Details about assets : (a) Lands, buildings and other immovable or movable properties belonging separately to the institution and to hospital (to be attached separately) : \_\_\_\_\_  
\_\_\_\_\_
8. (b) Financial status (to be attached separately) : \_\_\_\_\_
9. Details about the liabilities, if any (to be attached separately) : \_\_\_\_\_  
\_\_\_\_\_
10. Source of Income : \_\_\_\_\_
11. Details about the expenditure involved in the proposed scheme and the way in which it is intended to be met up : \_\_\_\_\_
12. Details about the facilities available for the accommodations required for the theoretical and practical classes.

Encl. : As state in \_\_\_\_\_ sheets.

Place : \_\_\_\_\_

Date : \_\_\_\_\_

\_\_\_\_\_  
Signature of the Principal or  
Secretary of the Institution