



FORM-1

APPLICATION FOR PRESIDENT/SECRETARY
& OTHER STATE POST



NATIONAL ALLIED AND HEALTHCARE PROFESSIONAL ASSOCIATION

FORMER NAME : INDIAN PARAMEDICAL ASSOCIATION (IPMA)

(An Leading Association for all Allied Health Care Professionals)

Corporate Office : C-77, Sector-2, Goutam Budhh Nagar-201301 (U.P.)

Mob.: 9045011980, 9105431980 Website : www.ipmabharat.com

To,
The Honorary Secretary General NAPHA

Dear Sir,

I hereby apply to be enrolled as a member of the NAHPA as member
through Local Branch Under the State/Territorial Branch of NAHPA.

Member's Name (as per Certificate; IN BLOCK LETTERS) :

Father's/Husband's Name Date of Birth

Address (Permanent /Correspondence) :

If Working/Not Working

Clinic/Hospital Address

Mobile No. Tel. (R) Tel. (Cinic/Hospital)

E-mail ID Fax No.

QUALIFICATION	1	2	3
School			
College			
University			

Department :

Registration Details : Photocopy of Registration Certificate to be enclosed with NAHPA Office From

Registration No. of State Allied and Healthcare Council Date

Service (Details) :

I Declare that I am registered with State Allied and Healthcare Council, I certify
that all details/Documents furnished are true. If my statement is found to be
incorrect my membership would stand to be cancelled and the fee paid by
me to all section of NAHPA will be liable to be forfeited by them, I hereby
give undertaking that I shall abide by the Rules and Regulations of NAHPA.

Date :

Place : Signature of the Applicant

Certified that I have verified the qualifications and registration of the applicant
and his eligibility as per rules of NAHPA for being enrolled as member of the NAHPA.
Forwarded to the Hony. General Secretary

Signature & Stamp of
Hony. Secretary, Local Branch

Forwarded to NAHPA Registered Office
along with membership Amount

Received at NAHPA Registered office on
Membership confirmed on

Signature & Stamp of Hony. State Secretary
/ Local Representative

Signature & Stamp of Hony. State Secretary

NB : The Local Branch secretary will keep a photocopy of this form & forward the original form to State/Terr. Branch Secretary along
with membership fee and the state will also retain a photocopy of this form & send the original form along with admission Fee to NAHPA
registered Office for proper record Maintaining.

Membership will be commence only after it is approved and confirmed by the Hony, Secretary General NAHPA

- Copy of Enrollment Number Attested
by President Secretary District Association
- Self Attested Copy of Aadhar Card
- Experience Certificate Issue by President District Association
- Copy of Qualification Certificates (Self Attested)
- Any Criminal Background Documents