

**ACUPRESSURE RESEARCH, TRAINING AND TREATMENT SANSTHAN
ALLAHABAD, INDIA**

APPLICATION FOR GRANT OF AFFILIATION BY SANSTHAN

1.

First application:	Renewal:
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Note 1: Tick (√) the right box.

2. If renewal, details of last affiliation certificate.

Cert. No. & date:	From:	To:
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Note 2: Enclose photocopy of last affiliation certificate.

3. Details of Treatment Centre.

Name & full postal address with pin code. A. In English:	Telephone / mobile No. with STD code.
B. In Hindi:	

4. Details of correspondence address, if different from serial 3.

Name & full postal address with pin code. A. In English:	Telephone / mobile No. with STD code.
B. In Hindi:	

5. Name, full postal address & telephone/mobile No. of Chief Coordinator and Joint Chief Coordinator.

<p>A. Chief Coordinator:</p>	<p>B. Joint Chief Coordinator (if appointed): Give details of only one person.</p>
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6. Education qualification of coordinators.

<p>A. Chief Coordinator:</p>	<p>B. Joint Chief Coordinator:</p>
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Note 3: Enclose photo copy of highest educational qualification.

7. Name, full postal address and telephone/mobile No. of Chief Therapist & Joint Chief Therapist.

<p>A. Chief Therapist:</p>	<p>B. Joint Chief Therapist (if appointed): Give details of only one person.</p>
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8. Qualification of Chief Therapist & Joint Chief Therapist.

<p>A. Chief Therapist:</p> <p>(i) Educational:</p> <p>(ii) Medical (if any). Allopathic/ Homeopathy/Ayurvedic/ Sidha/Yunani/Yoga & Naturopathy, etc:</p> <p>(iii) Acupressure training attended:</p> <p>(a) Basic course (give dates):</p> <p>(b) National conference (give dates & cert. No. of last conference attended):</p>	<p>B. Joint Chief Therapist (if appointed):</p> <p>(i)</p> <p>(ii)</p> <p>(iii)</p> <p>(a)</p> <p>(b)</p>
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Note 4: Enclose photo copies of highest educational qualification, basic course attended and last National Conference certificate in respect of therapists stated in serial 7 above.

9. Details of “Saraswati” memberships No.

A. Chief Coordinator:	C. Joint Chief Coordinator:
B. Chief Therapist:	D. Joint Chief Therapist:

10. Details of other therapists (use additional sheet if necessary).

Name	Educational Qualification	Acupressure Qualification	Telephone / Mobile No.	Saraswati Membership No.

11.

Date of commencement of treatment centre:

12. Details of treatment.

A. General treatment – days & timings:	B. Free treatment – days & timings:
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13. Details of patients.

A. Average No. of patients including patients treated free (daily):	B. Average No. of patients treated free (daily):
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14. Other details (if any).

15. We certify that the above particulars are true and correct to the best of our knowledge.

16. The above centre is operational since last one year and free acupressure treatment is being provided regularly for minimum one day in a weak (minimum two hours).
We assure that free treatment for minimum one day in a weak (minimum two hours) shall continue to be provided regularly in future.

17. We shall pay full attention to quality control of our centre and shall always ensure that the therapists working in the centre have requisite knowledge of acupressure therapy.

18. We shall ensure that all members of our centre continue to remain regular members of Sansthan's quarterly magazine 'Saraswati'.

19. We shall maintain proper record of free treatment in a register regularly. We shall forward a written report of our center's activities every quarter to the Sansthan.

20. We undertake that at least our member of our centre shall attend all future National Conference cum Super Advance Training being organized by the Sansthan at Allahabad.

21. We shall continue to abide by the rules pertaining to grant of affiliation by Sansthan and any instructions given by the Sansthan from time to time. We shall do no such act which is against the ethos of Sansthan and acupressure therapy.

Signature

Signature

Date:

(Name of Chief Coordinator)

(Name of Chief Therapist)

Note 5: It is mandatory for for Chief Coordinator & Chief Therapist to sign this application form. If only our person is holding both offices, he/she shall sign at both the above places.