# अखिल भारतीय योग एंव प्राकृतिक चिकित्सा संस्थान AKHIL BHARTIYA YOG AVM PRAKRITIK CHIKITSA SANSTHAN

# NORMS FOR AFFILIATION



# HEAD OFFICE:

B-XXXII, E-13/166/A, Main Road, Aman Nagar, Backside Green Land School, Near Jalandhar Bye-Pass, Ludhiana-141008

### REGD. OFFICE:

Block-K, Street No. 2, Mahipalpur Extn.,

New Delhi-37. Ph.: 0161-5013232 Mob.: 92176-03232, 93168-50388

HELPLINE: 78726-78726

E-mail: info@aiiyn.com

www.aiiyn.com



₹ 1000/-



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# AKHIL BHARTIYA YOG AVM PRAKRITIK CHIKITSA SANSTHAN

# Affiliation Form

Name of InstituteAddress		
TA	DI	PIN
HEAD OF INSTITUTE		
1		
2		
CONTACT NO.		
1		
2		



# अखिल भारतीय योग एंव प्राकृतिक चिकित्सा संस्थान

# AKHIL BHARTIYA YOG AVM PRAKRITIK CHIKITSA SANSTHAN

# AFFILIATION FORM FOR AFFILIATION

1. INFORMATION ABOUT	INSTITUTE
Application No.	Date
Name of Courses	
Name of Courses	
Application for Courses	
	UNIT PRAKEZ
Name of Institute	
Name of motitute	
	*SGBHE*
Postal Address with PIN	
CODE	
	* May not U *
	C.M. DEL
Basistantian Address with	
Registration Address with PIN CODE	
PIN CODE	
Dhana / Fau	
Phone / Fax Email	
Year of Establishment	
Status of Institute	

2. INFORMATION ABOUT	THE CHIEF EXECUTIVE / PRINCIPAL / DIRECT	OR
Name		
Application No.		
Designation / Position		
		РНОТО
Postal Address		
	IN PRAKRIS.	
	AVIII	
7.40	SGBHE	
Phone	JOBIL	
Email		
Date of Birth		
Education Qualification		
Professional Experience		
= 1		
- E A		
	* 1/2	
Signature of Head	Seal	

3. INFRASTRUCTURI	E FACILITIES		
Particular	No. of rooms	Seating Capacity	Total Area
Staff Rooms			
Class Rooms			
Laboratories			
Library			
Reception			
Toilets			
Extra Rooms			
Any other facilities			
(Where Eve	er Necessary Relevant D	Details/Documents Must Be I	Enclosed)

# 4. LOCATION OF INSTITUTE

**Enclosed Location Through Google Map** 



# 5. HOW TO REACH FROM LUDHIANA

Enclosed Location By Road Through Google Map



6. C	OMPUTER SPECIFICATION				
No.	Computer Type Configuration	No. of Terminals	Year of Purchase	Cost	Software & Other Facilities
	ANTHIL BHARTING *	NA PRAM SGBI		WILLISH SANSIHAN	Other Facilities

7. IN	7. INFORMATION ABOUT FACULTY						
No.	Name	Designation	Qualification	Experience	Date of Appointment	Responsibilities	Status Full / Part Time
		THINI THINI	SGB STATE OF THE S		SANSTHAN		
	•			AKHIL	BHARTIYA YOG A	AKHIL BHARTIYA YOG AVM PRAKRITIK CHIKITSA SANSTHAN	IKITSA SANSTHAN

.8 N	8. INFORMATION ABOUT SUPPORTING	9					
No.	Name	Designation	Qualification	Experience	Date of Appointment	Responsibilities	Status Full / Part Time
		THIN BHARIA	SGB SGB		SANSTHAN		
				AKHIL	BHARTIYA YOG /	AKHIL BHARTIYA YOG AVM PRAKRITIK CHIKITSA SANSTHAN	IKITSA SANSTHAN

9. N	9. INFORMATION ABOUT LAB FACULTY	Δ.					
No.	Name	Designation	Qualification	Experience	Date of Appointment	Responsibilities	Status Full / Part Time
		THIN THANK	SGB SGB SGB SGB		SANSTHAN		
	•			AKHIL	BHARTIYA YOG /	AKHIL BHARTIYA YOG AVM PRAKRITIK CHIKITSA SANSTHAN	IKITSA SANSTHAN

10. INFORMATION ABOUT LI	BRARY
Total Cost Invested On Library	
No. of Tax / Subject Books	
No. of References Books	
No. of Periodicals	
No. of Journals	
No. CD's	
No. of Video Films	
Other Specify	

11	. FINANCIAL DETAIL	
1.	Non Recurring Investment Made by Institute	
	Infrastructure	Co.
	Laboratory	
	Faculty	
	Library	
	Other	3-
2.	Estimated Recurring / Nonrecurring Expenditure	No co
3.	Bank Balance as on Date of Submission of Application	

# 12. INFORMATION ABOUT TRUST / SOCIETY Name of Trust / Society (Attached Registration Certificate) Year of Registration Name of President of the Trust / Society Address Contact No.

# **DOCUMENT DETAILS**

### **DOCUMENTS ENCLOSED**

- ★ Registration Certificate
- ★ List of Management Members with Details
- ★ Photographs of Institute
- \* Rented / Lease Agreements
- ★ Detailed List of Equipment of All Laboratory
- ★ Detailed List of Publication of Library
- ★ Audit Report of Last Year
- \* Bank Balance as on Date of Submission of the Application
- ★ Copy of Registration of Resolution
- ★ Copy of Building Map

### **DOCUMENTS ENCLOSED FOR TRUST**

- ★ Registration Certificate
- ★ List of Trust / Society Members
- ★ Copy of Registration of Resolution
- ★ Layout Plan

## **AFFILIATION FEES**

- ★ Affiliation fees are in cash, cheque or demand draft mode
- ★ It is non-refundable.

# **AGREEMENTS**

# This agreement attested by notary on Rs. 100/- Stamp Paper

1.	I S/o Sh
	R/o
	have gone though all rules and regulations of Akhil Bhartiya Yog Avm Prakritik Chikitsa Sansthan
2.	My Institute and I agree to follow all rules and regulation mentioned in prospects of
	Akhil Bhartiya Yog Avm Prakritik Chikitsa Sansthan, Ludhiana.
3.	My Institute and I agree to follow amendments done by Institute.
4.	My Institute and I will not disobey; if we do so then Akhil Bhartiya Yog Avm Prakritik
	Chikitsa Sansthan will have right to cancel our affiliation.
5.	My Institute and I have been told that all legal matters will be solved in Ludhiana Court
	only.
6.	My Institute and I have been told that all fees are non-refundable & non adjustable.
Date :	
Place	Signature : President / Head of Institute
	*
	PHOTO DELHIX







# **AKHIL BHARTIYA YOG AVM PRAKRITIK CHIKITSA SANSTHAN**

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