

Sr.No.....

HARYANA CHARTERED ASSOCIATION OF PHYSIOTHERAPIST (H.C.A.P.) (Regd.)

(Establish under act 21 of 1860 Haryana & Punjab amendment act -1957)

PASSPORT SIZE
POTHOGRAPH

APPLICATION FORM

(To be filled in Block Letters only)

Please enroll me as **Life Member / Student Volunteers** of the H.C.A.P.

Name(Mr/Ms./Mrs).....

..... Sex: [M] / [F].....

Nationality: Date of Birth:/...../..... (DD/MM/YY)

Permanent Address.....

..... PIN.....

Correspondence Address.....

..... PIN

Telephone Email.....

Introducer.....

EDUCATIONAL QUALIFICATIONS (Use separate page if necessary)

(A) PRE --- PROFESSIONAL

School / college	Name of board / university	Year of passing	% of Marks obtained

Sr.No.....

(B)PROFESSIONAL

School /college	Name of board / university	Year of passing	% of Marks obtained

Whether applying Fresh / Re – applying

Whether a member of any other Medical Association: (Please specify)

.....
.....

Any other relevant Particulars:

I agree by the Constitution and Bye – laws of the Association and uphold its Ethical principles. I am remitted Rs..... as registration fee and membership subscription by Cash / Dated.....

Date: / / [DD/MM/YYYY]

Signature of the Applicant

Sr.No.....

INFORMATION (SUBSCRIPTIONS)

1. **LIFE MEMBER** : Rs. 2100 /- One time Subscription (including registration)
2. **STUDENT VOLUNTEERS**: Rs.500/- One time Subscription for up to 4th year of Bachelor of physiotherapy.
3. **HCAP MEMBERSHIP CERTIFICATE** (in case of re-issue) : Rs. 200/-
4. **HCAP IDENTITY CARD** (in case of re issue) : Rs. 200/-

ANY SUBSEQUENT CHANGE OF ADDRESS MUST BE REPORTED TO THE GENERAL SECRETARY / TREASURER H.C.A.P.

"Minimum Criteria for sending Application –

- **A copy of 10th, 12th, 1st to 4th year mark sheets, Degree/Provisional Degree Certificate from the University**
- **3 recent passport size photographs**
- **Course Completion Certificate from College**
- **Internship Completion Certificate from the college**
- **Identity proof (i.e. ration card, driving license)**
- **Copy of Aadhar card must be necessary along with form**
- **In case of student volunteers a copy of college identity card must be required**
- **All these must be self attested along with Demand Draft in favor of “Haryana Chartered Association of Physiotherapist (regd)” along with this application form.**

Total Membership Fee

Life Membership: Rs.2100/-

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Sr.No.....

[For Office use only]

Certificates Checked by

.....
Treasurer / General Secretary

Enrolled as member

Reg.No......

Money received by

On date **Receipt No.**

Remarks:.....

Signature of General Secretary / Treasurer H.C.A.P.

to Dr. amit vats, Vats physiotherapy centre, 639/2,Mundka mor, V&P.O.Mundka.delhi-41. India.

09911747485 **mail:** dr_amitvats@yahoo.co.in

[Incomplete / Incorrect applications are liable to be rejected