



Indian Allied Health Association (IAHA)

(Registered under the Societies Registration Act, 1860, Section-XXI)

H.O.: Opposite Ram Kishor Convent Inter College, Abhishekpuram,
Jankipuram Extn., Lucknow-226021

Website : www.iahaindia.org

APPROVAL APPLICATION

PLEASE FILL UP IN CAPITAL LETTERS

1. Name of the Applicant	
2. Name of the Institution	
3. Institution Address	
4. Telephone Number	
5. Mobile Number	
6. E-mail Address	
7. Applicant Residential Address with Telephone Number	
8. Do you have own building or rental	
9. Do you have any experience in the field of education & training	
10. Details regarding Teaching Faculty	
11. Details regarding Class Rooms and Facilities	
12. Any other Relevant Information	

✓ If necessary, use additional sheets for entering details :

I hereby accept all the terms and conditions of IAHA.

Correspondent Signature

Note : The following documents to be enclosed with application

- ◆ **Approval Fee** : Rs. 40500/- through Demand Draft / Cash / Cheque in favour of INDIAN ALLIED HEALTH ASSOCIATION Payable at Lucknow
- ◆ Your Building Agreement, If Rental Building, Rental Agreement
- ◆ Photograph of infrastructure like Building, Class Room and other facilities
- ◆ Correspondent Photo 2 Nos. (Passport Size)