



WORLD ASSOCIATION OF INTEGRATED MEDICINE

(An International Organization for Global Establishment of Integrated Medicine)

Head Office: At - A-146/2, North Block, Lane No. 4, West Vinod Nagar, Delhi 110092, India

President Office: N-10/60, C-1, Kakarmatta, Bazardeeha (*Via Industrial Estate*), Varamasi-221106, UP, INDIA

APPLICATION FOR ASSOCIATION OF WAIM

1. Name of the Candidate
2. Date of Birth.....
3. Applied for Member/Fellow/Academic Advisor.....
4. Name of the Specialty.....
5. Applied in the Institute of
6. Applied in the Calendar - Winter / Summer.
7. Address for Correspondence
-
8. Permanent Address
-
9. Educational Qualification.....
10. Name and address of the last attended Institution.....
11. Are you employed anywhere? Yes No
12. If employment in any organization, indicate your designation, years of service and a character certificate from the immediate officer
13. Have you been ever associated with WAIM ever, If yes submit detail.....
14. *Following Enclosures are being Enclosed or Not Enclosed:*
 - a. Proof of date of birthb. Copies of Grading Sheets.....
 - c. Copies of Educational Qualificationd. Copy of the Registration Certificate.....
 - e. Copy of the address Prooff. Copy of Experience Certificate

**Attested
/Scanned Photo**

Dated:

Signature of the Candidate

PAYMENT OF FEE

Payments shall be made through **Cash / Demand Draft / Online Transfer (NEFT / RTGS** in the name of **World Association of Integrated Medicine payment in Punjab National Bank** at Branch **Bhikharipur, Varanasi** through IFS Code: **PUNB0404500**, Swift Code: **PUNBINBBVMG** in S/B Account No: **4045000100017189**. The candidates residing in India will pay in Indian Rs. (Payment in INR). Foreign candidates are requested to make their payment through Correspondent Bank in above account.

Dated:

Signature of the Candidate

DECLARATION

Ihereby declare that I have gone through the details of WAIM and upon my full satisfaction I have decided to seek Membership / Fellowship / Academic Advisor of the WAIM . I further declare that all the information's mentioned in this form are true and correct to the best of my knowledge and believe. I have not concealed any information, should it be so at any point of time, my candidature is liable to be cancelled, if it is found on later date my certification is liable to be cancelled and further if there is any loss to institution due me, I will be responsible for the same and will compensate the loss as decided by WAIM. I know that fee once paid is non refundable. I also declare to abide by all the rules and regulations laid down by the institution and WAIM.

Dated:

Signature of the Candidate

RECOMMENDATION OF INSTITUTION / ACADEMIC ADVISOR

I am herewith recommending the name of Shri / Mrs. / Ms.for award of Membership/Fellowship/ Academic Advisor of WAIM.

Dated:

(Signature and Seal of Member/Fellow of WAIM)

FOR OFFICE USE ONLY

Shri / Mrs. / Ms. R/O upon completion of the basic initial requirement has been admitted in the faculty of for award of Membership/ Fellowship/ Academic Advisor of WAIM.

Dated.....

World Association of Integrated Medicine