



AUM ORGANISATION INC.

(An Organization for Integrated Health and Holistic Care)

Head Office: 127-21, Liberty Ave., Richmond Hill, NY 11419, USA

Asian Office: N-10/60, C-1, Kakarmatta, Bazardeeha, Varanasi-221009, UP. NDIA

AFFILIATION FORM

1. Applied for.....Holistic Academic / Holistic Service Program/Both
2. Name of the Applying Institution.....
3. Name and ID Number of the President/Secretary/Managing Director/Director of the Institution.....
4. Complete Postal Address, Phone No., Fax, Email and Website (If any) of the Institution
5. Is the Institution registered? If, yes, please mention the registration number, year of registration and name of the registration authority
6. Enclose the brief resume of the Official concerned mentioned on Sl. No. 3 Enclosing / Not enclosing.....
7. Details of the Enclosures:
 - a.
 - b.
 - c.
 - d.
 - e.
 - f.
 - g.



(In case of more enclosures, please add separate page with Sl. No 7 and mention the name of additional enclosure if any)

Place.....

Signature of the Applicant

Dated.....

Full Name.....

Seal of the Institution

PAYMENT OF FEE

I am here with making the payment of Affiliation Fee for affiliation of our above mentioned Institution for conducting the Holistic Academic Program/ Holistic Service Program/Both which is Rs./US\$.....by Cash / Cheque / Demand Draft bearing No.....dated.....of**(Name of the Bank)** in the name of **AUM Organization INC.** payable at New York / New Delhi.

Dated:.....

Signature of the Candidate

DECLARATION

I.....President/Secretary/Managing Director/Director hereby declare that all the information 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 for affiliation is liable to be cancelled, if it is found on later date my affiliation is liable to be cancelled and further, I also declare that if there is any loss to WAIM due me I am responsible for the same and will compensate the loss as decided by WAIM. I know that fee once paid is non refundable.

Dated.....

Signature of the Candidate

FOR OFFICE USE ONLY

.....upon completion of the initial requirement, has been granted Provisional Affiliation with the World Association of Integrated Medicine for one year. The affiliation is renewable every year subject to its smooth functioning.

Dated.....

Signature of the Registrar