



# WORLD AYURVED RESEARCH & DEVELOPMENT COUNCIL (विश्व आयुर्वेद अनुसंधान एवं विकास परिषद्)

Central Admn. Off. : Plot No. 4, Chandra Park, (Opp. NSIT) Dwarka Mod Highway, New Delhi-110078 (INDIA)

Helplines : 09868422283, 09212412283, 09654886532 E-mail : waradc@gmail.com Web: www.worldayurvedresearch.com

(Fill up the Form in neat & clean block letter, incomplete application will not be accepted)

## APPLICATION FORM FOR MEMBERSHIP/ TRAINING COURSE / AFFILIATION / CERTIFIED PRACTITIONER REGISTRATION/BRANCH OPEN/FRANCHISE / CENTRE RUN /OR .....

Your Title DR  VAID  HAKIM  YOGA  NP  ACCUP  SIDDHA  HERBOPATH  DRUGST  PHARMACIST  ALTERNATIVE/PHYSIOTHERAPIST   
COMPOUNDER  NURSE  MIDWIVES  TRAINER  TRADER  EDITOR  PUBLISHER  WRITER  JOURNALIST   
BEAUTICIAN  ASTROLOGER  FARMER  SOCIAL/HEALTH WORKER  TEACHER  STUDENT  BODY MASSAGER   
HEALTH & WELLNESS CONSULTANT  COUNSELOR  PROPAGATER  SAINT  NUTRICIAN / DIETICIAN  OTHER .....

1. Applied for Post..... Branch: State/Dist:/Tehsil/Ward Lable .....

2. Tick for membership Category: Annual  Associate  Prominent  Patron  Lifetime

3. Name : .....

4. Father/ Husband Name Mr.....

5. Date of Birth .....Age: .....

6. Gender- Male  Female

7. Educational/ Professional Qualification (Attach Self Attested Photocopies)

Sl. No.	Name of Exam or Degree Passed	Year of Passing the Exam	Name of School or College	Name of Board or University

Self Attested  
PHOTO

8. Residence Address: .....

Dist.....State.....Pin Code

9. Contact No. (Resi.) ..... (Off.).....

E-mail ID .....

10. Present Profession .....

11. If you run any Hospital/Clinic/Heath Centre/Institute/Firm/CO./NGO (Give details)

12. Moto of Joining .....

13. Specialize in .....

14. If Medical Practising (in which Pathy)..... Experience .....

15. Working Place .....

16. Registered/ Unregistered Practitioner ..... Regd No.....

17. How did you know about WARDC.....His Mobile No. ....

18. Course Name in which you applying .....

(a) Study Medium : Hindi/English

(b) Correspondence / Regular

19. Any other information .....

**DECLARATION**

- (1) I hereby declare that the particulars furnished above are true to the best of my knowledge, If any statements given by me will prove false, I will fully responsible and I stand disqualified.
- (2) I have read and understood & accept the all Rules, Regulations and objectives of the WARDC and agree to abide by them as well as the code of conduct of WORLD AYURVED RESEARCH & DEVELOPMENT COUNCIL (WARDC) Prescribed for such Members from time to time in case of violation of any rule, regulation or code of Conduct, the WARDC can take disciplinary & legal action against me and for this the whole responsibility will be mine.

Date:.....

Signature of Applicant

**RULES & REGULATIONS OF WARDC**

- 1. World Ayurved Research & Development Council (WARDC) is independent & Autonomous Body duly Regd. by the Govt of Delhi & Approved by the Govt of India, **WARDC is dedicated to the Education, Treatment, Training, Propagation, Publicity, Promotion, Protection, Development, Research, Analysis & Experiments of Ayurvedic Medical Science & Herbal Remedies.**
- 2. Please ensure that you have submitted (i) self attested photocopy of Educational / Professional Qualification & Experience Certificates, Identity and Residential Proof (Ration Card / Voter Card/ Driving License / Passport etc (ii) 4 Passport size photographs (iii) Joining /Training / Affiliation /Registration fee (iv) Other documents which required (v) One Character Certificate from Respected person.
- 3. All type of fee once paid shall not be refunded at any circumstances. Please compulsorily receive fee receipt. Fee will be paid in favour of **World Ayurved Research & Development Council (WARDC) New Delhi by DD/Cheque, money order or in cash.**
- 4. In case of change of address, the same should be informed to the Central Office.
- 5. Applicant can also apply on Photocopy of the Application Form.

Date:.....

Signature of the Applicant

**EXPERIENCE CERTIFICATE** (Only for Certified Practitioner Registration)

This is to certify that (Name) .....

R/o .....

is practising the Ayurvedic/Herbal/Unani/Alternative system of medicine for the last .....years.

Name & Address of Issuing Practitioner .....

.....

..... Mobile:.....

(Seal)

Signature

**CHARACTER CERTIFICATE** (Issued by Sarpanch, Councilor, MLA, MP, Gazetted Officer, RWA, NGO, Media Editor & Religious Society etc.)

This is to certify that (Name) .....

S/O/ D/O/ W/O .....

R/o.....

is well known to me for the last.....years. He/She bears a good moral character.

Name & Address of Issuing Person.....

.....

.....Mob. No. .... (Seal)

Signature

**FOR OFFICE USE ONLY**

1.Mode of Payment : Cash/ MO / DD / Cheque No. .... Date: .....

2. Fees Receipt No.....3.Application Accepted/ Rejected .....

Date:.....

(Seal)

Signature of  
General Secretary (WARDC) with Stamp