



# All India **N**aturopathy and **Y**oga Education Council

## AFFILIATION FORM

Date .....

Day.....

Application for Courses .....

### 1- INFORMATION ABOUT THE INSTITUTION

**Name of the Institution:**  
(Use Block Letter only)

**Postal Address:**  
(With Pin code, District & State)  
(Use Block Letter Only):

**Registered Address**  
(With Pin code, District & State)  
(Use Block Letter Only):

**Phone/Fax/E-mail/Telex:**  
(With Appropriate Codes)

**Year of Establishment:**

**Status of Institution:**  
(Relevant Documents to be attached)

- **Private Institution:**  
(Trust/Regd. Societies/Others to be specified)
- **Phone/Fax/E-mail/Telex :**  
(With Appropriate Code)

**Physical infrastructure**

- 1. **Status of building**  
(Owned, rented, leased)
- 2. **Total area of building** **sq.ft**
- 3. **Covered area** **sq.ft**
- 4. **Class rooms** **no of rooms**
- 5. **Laboratories**
- 6. **Library/ reading room**
- 7. **Demonstration room**

**Financial base**

**Bank /branch name**.....

**Account title** .....

**Account no**.....

**Last balance**.....

**Date of last external audit**.....

**Documents to be attached**

- 1. Registration certificate of trust deed/NGO/Section 8 company/Society Documents
- 2. Hospital Association letter (If hospital is own then not required)
- 3. List of available equipment and chemicals.
- 4. Copies of academic qualification of all faculty members
- 5. Latest bank statement
- 6. Legal agreement on the prescribed format
- 7. Bank draft for inspection fee and affiliation fee
- 8. Membership of management committee( members / partners/ director / trustees)
- 9. Copy of Resolution
- 10. Head of department Id proof(Aadhar or Pan Card)