

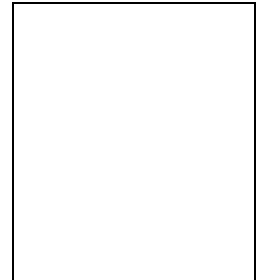


ISO 9001 : 2015

All India Council of Physical Therapy

An Autonomous Body for Research, Development & Promotion, Govt. of India,
Program Projected by World Health Organisation (WHO)

To be filled in Block Letter Only



Please enroll me as Simple /Life / Foreign Membership of the AICPT

Name (Mr. /Ms./Mrs.) :

Sex: Male...../ Female.....

Nationality : Indian / Foreigner (Country) Date of Birth :/...../.....

Address :

State : PIN

Email : Mobile :

EDUCATIONAL QUALIFICATION: Regular Course:

School/College	Name of Board /University	Passing Year	Marks obtained in %

Professional Course:

Course	Name of Institute/University	Passing Year	Marks Obtained in %
B.P.T.			
M.P.T.			

I am agree with the Policy of AICPT and accept the membership and its ethical principles. I am remitted Rs. as registration fee and membership subscription by Cash /D.D.dated.....

Bank

Date:/...../.....

(Pay through online or offline. More Details on Contact Us)

Signature of the Applicant