

(to be printed on organisation's letterhead)

ASSOCIATE CENTER APPLICATION FORM

Kindly fill in the details and send us along with the required documents.

*(All fields marked * are mandatory and must be filled in for consideration of membership; if a field is not applicable, you may write NA against the field)*

About the Applicant	Name of the Organization*:	
	Nature of Center: (Under Central Govt. / State Government / Public Sector / Private / Autonomous / Trust / Society Act / Firm etc.)	
	Vision:	
	Mission:	
	Year of Establishment*:	
	Number of Years in operation:	
	Founder Guru/Member*	
Contact Details	E-Mail ID*:	
	Facebook ID:	
	Instagram ID:	
	Telephone Number*:	
	Website Address:	
	Twitter Handle:	
Trade Name	Name to be printed on Certificate, Approval of name is at Sole Discretion of IYA:	
Postal Address	Address 1*:	
	Address 2:	
	City*:	
	State*:	

	Pin Code*:	
Single Point of Contact:	Name:	
	Phone No:	
	Mobile No.:	
	Email Address:	
KYC / Legal Status of the Applicant	Registration Number*:	
	Registration Certificate for Registered Societies / Trust Deed for Trust Certificate of incorporation (for Not-For-Profit Companies / Limited Companies / Private Limited Companies / LLPs Firm's KYC such as Udhyog Adhar, MSME, Labour Department, Shop & Establishment etc for Partnership firms / Proprietorship firms / other firms / HUFs / Professionals / Individuals* (Yes / No)	
	PAN Card (Yes/No)*	
	If yes, PAN Card No.*:	
	Copy of Constitution/MOA/Bye-laws*:	
Yoga Activities of the Applicant	General Yoga Classes: Yes / No	
	Yoga Teacher Training Courses: Yes / No	
	Yoga Therapy: Yes / No	
	Yoga Publications: Yes / No	
	Yoga Research: Yes / No	
	Other Yoga Activities:	
General Activities in the Organization:	Activity 1:	
	Activity 2:	
	Activity 3:	

	Activity 4:	
Members of Organization in National Committees / State Committees	Committee 1:	
	Committee 2:	
	Committee 3:	
	Committee 4:	

Membership Contribution Details:

- Associate Center Member (Onetime): INR 25000/- (Rupees Twenty-Five Thousand only)

Terms and Conditions:

- Contributions may be paid through cheque/demand draft in favor of “INDIAN YOGA ASSOCIATION” payable at New Delhi or through NEFT to
 Bank Name: Punjab National Bank
 A/c Name: INDIAN YOGA ASSOCIATION APP
 A/c No.: 0153000110110795
 IFS Code: PUNB0015300

We declare that the statements made herein are correct to the best of our knowledge & belief, and that we agree to be governed by the rules and regulations of the Indian Yoga Association as they now exist and as they may hereafter be amended. We also agree that our membership maybe cancelled and we may be blacklisted if we are not abiding by the code of conduct / rules and regulations of Indian Yoga Association.

For and on behalf of Organization with seal	
Name:	Designation:
	Date:
Signature	Place:

1. If Associate Center is (Under Central Govt./State Government/Public Sector/Autonomous body/Trust/Society/Non-Profit Organisation.
 - Certificate of Incorporation/Registration Certificate from competent authority.
 - Copy of PAN Card
 - Copy of MOA/AOA/Bye-laws
 - Financial Statement for last three years or as per the no. of years of existence, duly audited by Chartered Accountants (In case it is more than three year old).
 - List of present office bearer with Permanent account Number and Designation of each office bearer.
2. If Associate Center is in Private Nature (Private Limited, Partnership firm, HUF, Proprietorship etc.)

- Certificate of Incorporation/Partnership/HUF Registration Certificate/Business Registration under applicable state laws (Udhyog Aadhaar, MSME, Labour Department, Shop & Establishment, etc).
- Copy of PAN Card.
- Copy of Aadhaar Card/Passport of Partners (Partnership firm)/Karta (HUF)/Proprietor (Proprietorship).
- MOU/AOU, Partnership Deed, HUF Deed etc. whatever applicable.
- Financial year for duly certified by Chartered Accountants, At least three previous year or No. of year of existence whichever is less.

For Office Use only	
Application received on:	Application Verified by:
Application forward to EC on:	
Post of EC Member forwarded to:	Name of Approving EC Member:
Signature of EC Member:	Date of Approval:

Filled in application form to be posted to: INDIAN YOGA ASSOCIATION, 4th Floor, Plot No-38, Pocket-B 3, Sector-17, Dwarka-78, New Delhi.