



ASPEUS Centre Affiliation Form (CAF)

IMPORTANT : Please fill the form using CAPITAL LETTERS, to ensure your certificate is accurate.

New / Renewal If Renewal, Older certificate no., dated fromto

Applicant's Name : Mr./Ms.

Daughter / Son of

Name of Centre

Address of Centre

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City.....State.....PIN

PhoneE-mail ID

Centre is operation since.....Average number of treatments / week

Days of Operation

Time of Operation

Therapists data :

Therapist's Name	Edu. Qual.	Position held	Tel.
		Chief Therapist	

Free Treatment Day _____

Total Number of Therapists (Part Time or Full Time) : _____
(Continue the table on the back of this page, if you need to add more lines)

By signing this form, I agree :

- All declarations are true to the best of my ability.
- My centre has been in operation for at least one year.
- I will maintain records of treatment to provide to the Sansthan when required (1st priority is to maintain confidentiality of the person being treated)
- To provide one day of free treatment per week.
- At least one person from my centre will attend the National Conference.
- **Attachment :**
 - ◆ A copy of my previous certificate, in case of renewal.
 - ◆ Picture of centre during active treatment, for centres with less than 3 years affiliation.
 - ◆ 3 case histories (for both new applications and renewals) as per the format published in Saraswati.
- All decision by the Apex Committee of the Sansthan will be final.

I agree to follow all other rules of the Sansthan

Signature of Applicant