

॥ सर्वेसन्तु निरामयाः ॥



GLOBAL HEALTH & MEDICAL COUNCIL

वैश्विक स्वास्थ्य एवं चिकित्सा परिषद्

(Established Under the Central Law of ITA 1882 Vide Regd. No. 2570)

To Promote Quality Education, Research & Training in the Field of Health Care, Ayush, Paramedical
Alternative Medicines, Traditional Therapies & Modern Medical System for disease free world

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

Mob. : 9212412283



9650380366

E-mail : ghamc17@gmail.com

Website : www.globalmedicalcouncil.com

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

APPLICATION FORM FOR REGISTRATION OF PRACTITIONER / MEMBERSHIP / CENTER OPENING / AFFILIATION

1. GHMC Division.....

2. Applied for Post.....Branch: State/Dist/Tehsil/Ward Level.....

3. Tick for membership Category: Annual ☐ Associate ☐ Prominent ☐ Patron ☐ Lifetime ☐

4. Name :

5. Father's/Husband's Name Mr.

6. Date of Birth :Age:

7. Gender - Male ☐ Female ☐

8. Education/Professional Qualifications : (Attach self Attested Photocopies)

Self Attested
PHOTO

S. No.	Name of Exam or Degree Passed	Year of Passing the Exam	Name of School / Institute or College	Name of Board or University

9. Residence Address

Distt.....State.....Pin Code

10.(a) Mobile No.Whatsapp No.....

(b) E-mail ID

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

12. Motto of Joining.....

13. Present Profession.....Working Place.....

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

15. Specialize in

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

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

18. Any other information

PTO

DECLARATION OF APPLICANT

- (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 be fully responsible and I stand disqualified.
- (2) I have read and understood & accept all Rules, Regulations and objectives of the GLOBAL HEALTH & MEDICAL COUNCIL (GHMC) and agree to abide by them as well as the code of conduct of GHMC Prescribed for such Members from time to time in case of violation of any rule, regulation or code of Conduct, the GHMC can take disciplinary & legal action against me and for this the whole responsibility will be mine.

Date:

Signature of the Applicant

AIMS & OBJECTIVES OF GHMC

1. GHMC provide quality education, research & Training in the field of Health Care. Ayush, Para-medical, Alternative Medicines, Traditional Therapies & Medical Science for disease free world.
2. To promote, encourage & assist research & training in the field of Medical Sciences, Community Medicines & Health Education & Allied Sciences in India & Abroad.
3. To promote, encourage, establish, support finance & assist the Research Project, Health & Medical Service Centre, Physical Education Centres, Clinics, Health Resorts, Nursing Homes, Hospitals, Dispensaries, Research Centres & Open Training Centres for promotion of Medical Science, Health Education, Allied Sciences & Community Medicine.
4. To promote Scientific Research, Surveys & Demonstrations in the field of Medical Science, Community Medicines, Health Education & Improve Health Standard of the masses/Individuals in various ways.
5. To provide comprehensive plan for the promotion of medical sciences, community medicine & health education including medical & Healthcare System, family welfare, nutrition, mental & physical fitness education, maternal & child welfare through medical camps, seminars, exhibitions, CME's programmes etc.
6. To provide a platform for qualified Doctors, Medical technicians, unregistered Health & Medical Practitioners, Vaid, Hakim, Nurse, Pharmacist, Compounder, Health workers, Writers, Journalists, Medico-social activist, Students, Teacher, Scientist, Researcher & Medicine manufactures etc.
7. To certify the experienced & skilled unregistered Health & Medical practitioners & to protect their rights. Also get practice license to unregistered practitioners from Govt.

Date:

Signature of the Applicant

RULES & REGULATIONS OF GHMC

1. Please ensure that you have submitted (i) self attested photocopy of Educational / Professional Qualification & Experience Certificates, Identity and Residential Proof (Aadhar Card / Ration Card / Voter Card / Driving License / Passport etc) (ii) 4 Passport size photographs (iii) Joining / Training / Affiliation / Practitioner Registration / Centre Opening fee (iv) Other documents which required (v) One Character Certificate from Respected person.
2. 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 Global Health & Medical Council (GHMC) New Delhi by DD/Cheque, money order or in cash.
3. In case of change of address, the same should be informed to the Central Office.
4. Applicant can use also on Photocopy of the Application Form.

Date:

Signature of the Applicant

FOR OFFICE USE ONLY

1. Mode of Payment : Cash / MO / DD / Cheque No. Date :
2. Fees Receipt No.....3. Application Accepted/ Rejected.....

Date:

(Seal)

Sign. of Gen. Secretary