

**(to be printed on organisation's letterhead)**

## **MEMBER INSTITUTION 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)*

Tick appropriate

Scope of activity (Please tick anyone)

Registry (Please tick anyone)

Annexure B  Annexure C

National  Regional  State

About the Applicant	Name of the Organization*:	
	Nature of Institution: (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:	
Postal Address	Address 1*:	
	Address 2:	
	City*:	
	State*:	

	<b>Pin Code*:</b>	
<b>Single Point of Contact:</b>	<b>Name:</b>	
	<b>Phone No:</b>	
	<b>Mobile No.:</b>	
	<b>Email Address:</b>	
<b>KYC / Legal Status of the Applicant</b>	<b>Registration Number*:</b>	
	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)	
	Financial statements for last 3 years/previous years of existence, duly audited by C.A	Sent through email: Yes/No
	Any Legal complaints against the institute:	If yes please specify:
	PAN Card (Yes/No)*	
	If yes, PAN Card No.*:	
	Copy of Constitution/MOA/By-laws*:	
<b>Yoga Activities of the Applicant</b>	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:	

<b>General Activities in the Organization:</b>	<b>Activity 1:</b>	
	<b>Activity 2:</b>	
	<b>Activity 3:</b>	
	<b>Activity 4:</b>	
<b>Members of Organization in National Committees / State Committees</b>	<b>Committee 1:</b>	
	<b>Committee 2:</b>	
	<b>Committee 3:</b>	
	<b>Committee 4:</b>	

**Nature of Institution:** .....

(Under Central Govt./State Government/Public Sector / Private / Autonomous / Trust / Society Act / Proprietorship Firm etc.)

**Membership – Terms and Conditions:**

Any organization applying for a Member Institution at the National / Regional / State Level^:

1. Needs to be Non Profit duly registered.
2. Should be in existence for minimum 10 years (five years in case of Regional / State)
3. Should have National / State presence.
4. Should follow a classical school of Yoga.
5. Should have registered MOA/ Bye Laws for operations

(^National Level – presence in greater than SIX States; Regional Level – presence in upto SIX States; State Level – presence in upto THREE States)

Further, the application should be forwarded through any office bearer of the applicant organisation (a Trustee / President / Secretary / Secretary General / etc.)

**Note:** The application for membership should come from the headquarters or the main office of the applicant organization and not from a branch.

All Member Institutions will enjoy rights and privileges of the association in accordance with the provisions of Rules and Regulations of the Association. These rights and privileges will be non- transferable by his / her own act or by operation of the firm.

One representative (or nominated representative from State) of the Member Institution will be entitled to attend and participate in the General Body meetings of the Association.

Upon receipt of your application, the General Body through the Executive Council will approve your membership.

Once your membership is approved, you will be required to make a deposit of INRs 1,00,000/- (or more) towards Corpus fund.

The interest from the Corpus fund is used towards administrative expenses of the Association. If ever there is any reason, the corpus contribution would be returned to the contributing organisation.

**Bank details of Indian Yoga Association**

**Name of the Bank:** State Bank of India, Parliament Street, New Delhi  
**Account Name:** Indian Yoga Association  
**Account No. :** 30724796663  
**IFS Code:** SBIN0004041

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.

**For and on behalf of Organization seal**

**Signature**

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**Date:** -----

**Name (in block letters)**

**Checklist of Documents Required:**

1. Completed Application form
2. Certificate of incorporation/Registration with Society/Charity Commissioner
3. PAN card copy
4. Copy of Constitution/MoA/Bye-laws
5. Send few photos of the organization to verify its location and facilities.