



# INDIAN ACADEMY OF CEREBRAL PALSY

## REGISTRATION FORM FOR ORGANISATIONS

1. Name of the organization.....  
Address.....  
.....  
.....Pin Code.....  
Email : .....Tele.....Mobile.....  
Contact Person Address .....  
.....  
.....Pin Code.....  
Email : .....Tele.....Mobile.....
2. Registration date, year & number.....
3. Registered under Registrar of Society or Charitable Trust.....
4. Type of service rendered - Education, Health, Vocational Rehabilitation, Sheltered Workshop, Placement, Respite & residential Care.....
5. Total no of beneficiaries & staff.....
6. Type of disabilities covered & age group.....
7. Financial support- Govt. Grants/ Public donations.....
8. Income tax exemptions (80 G beneficiaries).....
9. Other activities conducted- parent & professional training, awareness, camps, outreach programs seminars & conferences.....
10. Affiliation to any other national body like RCI, National, Trust, Pariwar.....
11. Rate parent support for your organization on a scale of 1-10.....
12. Rate professional support on a scale of 1-10.....
13. Rate community support on a scale of 1-10.....
14. Future plans.....
15. Purpose of joining IACP.....

**XI. We would like to enrol our self as Organisational Member of the IACP**

Rs. .... Cash / Cheque / D.D. No. .... Bank ..... Date .....

**DECLARATION**

I hereby declare that I will abide by the bylaws of the Academy and accept the amendments which come in to force time to time. I assure that I will promote the Academy aims and objectives.

Signature of the member

Enclosures: !)

2)

3)

4)

**FOR OFFICE USE ONLY**

**Life / Associate Life Member / Organisational Member / Student Member :**

Receipt No. .... Date. .... Amount ..... Membership No. ....

The application of the candidate has been verified and he/she is found fit for the membership. Membership may be granted

General Secretary

**DETAILS OF MEMERSHIP Fees:**

**A. For SAARC Nations:**

- 1) **LIFE MEMBERSHIP:** Rs. 2,500/- (Rs. 1500/- for first 500 Early Birds). Eligibility:- Those who have completed degree and diploma in medical and Para - medical courses
- 2) **ASSOCIATE LIFE MEMBER:** Rs. 2000/- (Rs. 1000/- for first 200 Early Birds). Eligibility:- Those who have completed certificate or equivalent Courses or who have relevant courses related to cerebral palsy and rehabilitation.
- 3) **AFFILIATION OF CP ORGANIZATION:** Rs. 5,000/- (Rs. 3,000/- for First 20 eligible organizations) Eligibility:- Registered organizations
- 4) **STUDENT MEMBER:** Rs. 300/- (Annual Membership fee) Eligibility: Should be a bonafide student in relevant subject and submit bonafide Certificate from the institute.

**B. For other than SAARC Nations :**

- 1) **LIFE MEMBERSHIP:** \$100/- Eligibility:- Those who have completed degree and diploma in medical and Para - medical courses
- 2) **ASSOCIATE LIFE MEMBER:** \$ 50/- Eligibility:- Those who have completed certificate or equivalent Courses or who have relevant courses related to cerebral palsy and rehabilitation.
- 3) **AFFILIATION OF CP ORGANIZATION:** \$ 250/- Eligibility:- Registered CP organizations
- 4) **STUDENT MEMBER:** \$ 25/- (Annual Membership fee) Eligibility: Should be a bonafide student in relevant subject and submit bonafide Certificate from the institute.

**Note : 1. Professionals will be registered to this academy only after confirming the relevant qualification required for this academy . Kindly enclose xerox copies of your certificates along with registration fees.**

**2. Please attach relevant brief bio-data**

**3. The Academy also holds the right to reject or cancel membership if the concerned member or organization are found to be acting contradictory to the interest of the academy.**

**CHEQUE / D.D. FAVORING**

“ IACP, A/c No. 107910011026466, Andhra Bank ”  
Payable in Hyderabad  
Should be sent to the following address

**Treasurer :**

**Mr. K.D. Mallikarjuna**

9-129, Road No. 4, Lakshmi Nagar, Saroor Nagar,  
Hyderabad - 500 035, A.P., India  
Mobile : 93902 52743