



Universal Confederation of Hospitals and Healthcare

(A not for profit organization registered under section 8 of Indian Companies Act)

CIN :U85300RJ2022NPL081983

MEMBERSHIP APPLICATION FORM

Details of Applicant: (Please write in CAPITAL Letters)

Name of Organization/ Company _____

Registration/CIN of Organization: _____ Registration Authority _____

Date of Incorporation : _____ Date of Operations : _____

Empanelment / recognition Details _____ GSTIN : _____ (IF ANY)

Registered office/Unit Address: _____

Contact details of

Organization :Phone : _____ (with STD Code) Mobile No: _____

Email id: _____ Web Address (if any): _____

Category of Organization: 1) Corporate Entity 2) Trust/NGO 3) Proprietorship

Organization is having Specialization than please mention here _____

Unit having Oxygen Plant or depend on supply by third Party _____

Type of Unit : 1) Hospital 2) Diagnostic center of Pathology lab 3) Pharmaceutical company or
Pharmacy 4) Hospital of any other stream (plz mention here _____ (like Ayurveda, homeopathy)
5) Nursing Home

Facilities offered: a) No of Beds _____ b) No of Beds with Oxygen _____ c) ICU/CCU _____

d) Lab _____ e) Specialties _____ f) Pharmacy _____ g) Radiology _____ h) Emergency _____

Details of Directors or Owners :

i) **Name of Directors:** _____ ii) Contact No. _____ (o) _____ (M)

iii) Email address of Directors: _____



Universal Confederation of Hospitals and Healthcare

(A not for profit organization registered under section 8 of Indian Companies Act)

CIN :U85300RJ2022NPL081983

Details of Contact Person or Unit In charge: (Copy of Authorization letter required)

i) Name of Contact Person; _____ ii) Designation of Contact Person: _____

iii) Mobile Number: _____ iv) Email Id: _____

Social Media Details : a) What sup Number _____ b) Tweeter _____

c) Facebook _____ d) Instagram _____ e) any other social media profile.

Category of Membership Applied:

A) Life Member

B) Annual Membership

C) Associate Member

UNDERTAKING

I, the undersigned, hereby declare that the information provided and documents attached by me are true to the best of my knowledge and belief. I will be liable for any action initiated by UCHH, if information / documents provided are false. I have gone through the Membership Regulation of UCHH and shall abide by the same.

Date:

Place:

Signature of Applicant

For Office or Account Purpose:-

Details of Fees :

1) Amount of Fee: _____ 2) Mode of Remittance: _____ 3) Receipt No.: _____

4) Date of Payment: _____ 5) Name of Bank/Branch _____,

6) Cheque/RTGS/NEFT/IMPS No. _____.

Remark of Accounts Department and Administration Office: _____

Date:

Place:

Signature of Officer In charge

Payment /Bank Details :

Payments to be made in Favour of : **UNIVERSAL CONFIDERATION OF HOSPITALS AND HEALTHCARE**

A/c no. : 29110200002754 Bank of Baroda : Malviya Nagar Branch, IFSC : BARBOMALJAI