



INDIVIDUAL ASSOCIATE APPLICATION FORM

I wish to apply for 'HSSC Individual Associate' and I'm submitting the details below. I have understood and agree to the fact that my association with HSSC is subjected to approval of this application by the HSSC National Committee on Membership.

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PREFIX : _____ **PHONE** : _____
FIRST NAME : _____ **EMAIL ADDRESS** : _____
MIDDLE NAME : _____ **ADDRESS** : _____
LAST NAME : _____ _____

EDUCATION: (tick the relevant option)

- GRADUATE
- POST- GRADUATE
- DOCTORATE
- OTHERS

OCCUPATION and DESIGNATION: _____

REGISTERING BODY : _____

REGISTRATION VALID TILL (add registration renewal details, if required) : _____

PAYMENT DETAILS:

* Individual Associate	1000 INR
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BANK DETAILS

A/c Name – Healthcare Sector Skill Council

A/c No – 2411678144

Customer Relationship No - 172324328

Branch Code - 0176 IFSC/RTGS Code : KKBK0000176

Branch Address : Kotak Mahindra Bank Ltd

Membership Fee Rs.....

Our Cheque / DD No..... dated

for Rs.drawn on

Favoring “Healthcare Sector Skill Council” is enclosed

I understand and accept that in the case of evidence being found of any unethical activity, HSSC reserves the right to unconditionally terminate this association.

Name: Designation:

Signature:

Date:

ANNEXURE

REQUIRED DOCUMENTS FOR INDIVIDUAL ASSOCIATES

1. An e- version document copy self-attested copy of certificates of graduation, post- graduation, PhD.
2. An e- version document copy of self- attested copy of registration certificate.
3. An e- version document copy of Employee letter or appointment letter (to specify the nature of employment)
4. An e- version document copy of the experience certificate
5. (For self- employers) An e- version document copy of the brief of their organization.

