

**School Health Accreditation Program (SHAP): Towards Health Promoting Schools**  
**(A joint venture of Pindi Foundation and World NCD Federation)**  
**Registration form**

Name of the applicant	
School (name and address)	
Designation of applicant in school	
Contact number	
Email ID	

**Declaration by the applicant:**

I hereby declare my understanding that the registration will be considered complete after depositing the Accreditation Fee of INR 1,00,000/- to School Health Accreditation Program, Pindi Foundation, India.

Signature		Place		Date	
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**For Office Use (one copy of the receipt to be handed over to the applicant by hand/post/email,  
whatever applicable)**

Received sum of \_\_\_\_\_ from Dr./Ms/Mrs./Mr. \_\_\_\_\_ in favour of Pindi Foundation, India to conduct Accreditation of the mentioned school as per standards of Health Promoting Schools with the following documents:

- Registration form (above this section)
- Receipt of fee submission

Received by		Place		Date	
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**Note: If the applicant must submit the registration by email, it has to be sent at [pindif@yahoo.com](mailto:pindif@yahoo.com) and [worldncdfederation@gmail.com](mailto:worldncdfederation@gmail.com)**

**In this case, the scanned copy of receipt of registration form will be sent to the applicant after verification of fee submission.**