

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, World NCD Federation, Chandigarh, India

| | | | | | |
|-----------|--|-------|--|------|--|
| Signature | | Place | | Date | |
|-----------|--|-------|--|------|--|

**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 World NCD Federation, Chandigarh, 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 | |
|-------------|--|-------|--|------|--|

***Note: If the applicant must submit the registration by email, it has to be sent at
worldncdfederation@gmail.com and pindif@yahoo.com***

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