

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.