**PAG Membership Application form**

**This information to be provided on your organization letter head**

1. What type of disease your organization support: Type of Organization: \*Trust \*Sec 25 Company \*Society \*Unregistered
2. Name of the PAG / Organization ( Registered):
3. Year of Registration
4. Acronym or Abbreviation for your organization
5. Category of Application- \* State level \*National Level
6. Organization Address \* \*Building No \* Street Address line1 \* Street Address Line 2 \*town \* Taluk \*Districts \* State \* PIN
7. Name of the Contact Person 1– and Designation \* Contact No \* Email ID
8. Name of the Contact Person 1– and Designation\* Contact No \* Email ID
9. Organization Contact no \* E mail ID for Public
10. Website URL
11. FB \*Twitter \*Linked In \* Other Social Media \*\*
12. Tax Exempt Status \*YES \*NO If yes - Specify
13. If No Please select

 \* Yes we have applied in Process

 \* No we have not applied and we intend to

 \* No we have not filed and do not intend to

1. Do you have any Paid staff \*Yes \*No if yes How many
2. How many Patients are registered in you organization
3. How many you expect are diagnosed with diseases
4. Is there any treatment
5. Do you have any specific awareness day/week/Month if Yes pls specify
6. What service you offer to your patients
7. What type of programs you conduct -
8. What are your wish list from ORDI as PAG member

