



**Organisational Membership Application Form  
Associate Members**

**Secretariat: HRIDAY, 20 Anand Lok, Second Floor, August Kranti Marg, New  
Delhi - 110049**

**Phone: +91 11 41031191, E-mail: hiasecretariat@hriday-shan.org**

**Please note** that the membership is subject to clearing the due diligence process undertaken by the Healthy India Alliance. The Alliance will inform the applying organisation about their status within one month of the receipt of the application. Once the membership is approved, the applicant organisation will be requested to pay an annual membership fee of INR 1000 via cheque or DD in the name of "HRIDAY" payable at New Delhi.

**Part 1 of 2: Organisational details**

**Please fill in the contact details** (Chairperson / President / Chief Executive Officer/ -----)

<b>Contact Name:</b>	
<b>Work Address:</b>	
<b>Registered Address</b>	
<b>Phone:</b>	
<b>Email:</b>	
<b>Website:</b>	

**Name of Organisation**

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**Organisational summary (max 150 words)**

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**Please select type:**

- Registered in India  
 International organisation  
 Any other, please specify





**Part 2 of 2: Proposed contributions/role as an Alliance member**

**1. How will the organisation contribute to the Healthy India Alliance's mandate to address the NCD epidemic in India? (150 words)**

**2. What do you foresee as opportunities for growth of your organisation, while working with the Alliance? (150 words)**

### **3. What are your plans as an organisation to respond to the NCD challenges?**

Please aim to have a minimum of three action points and a maximum of five.  
**This template only has space for three actions but add extra as needed.**

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#### **1. Action Title**

#### **Action Description**

#### **2. Action Title**

#### **Action Description**



**HEALTHY INDIA ALLIANCE**  
for prevention and control of NCDs

### **3. Action Title**

### **Action Description**



### **Declaration**

We hereby declare that we comply with the terms and conditions for membership of the Healthy India Alliance and have filled and enclosed the membership application form and other supporting documents of the organisation.

We request you to consider our application and grant us a membership of the Healthy India Alliance.

Date: \_\_\_\_\_ Signature of Chief Functionary with organizational seal/stamp  
Place: \_\_\_\_\_

**Note:** Membership issuance is subject to a due diligence/conflict of interest assessment, which will be carried out immediately after receipt of the membership application.



### Conflict of Interest Declaration

#### Non-State Actor (NSA)

For the purpose of this assessment, non-state actors are private/corporate sector entities, and any other conflict of interest bodies with direct or indirect affiliation to the private/corporate sector

S.No.	Name of the NSA	Nature of business					Participated in meetings/conferences	Resources					Evidence (knowledge shared by NSA)	Advocacy	Technical collaboration for research and development purposes
		Tobacco	Alcohol	Food/Beverage	Pharmaceutical	Other (please specify)		Project funding	Direct Commercial Interest	In-kind contributions	Donations	Contribution for scientific publications/report/policy brief			