

# MEMBERSHIP FORM

## ACADEMY OF HOSPITAL ADMINISTRATION

INSTITUTE OF HEALTHCARE MANAGEMENT, TRAINING AND RESEARCH



Registration No: 17526



AHA HOUSE  
C-56/43, Institutional Area, Sector – 62, NOIDA, U.P.  
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Email: [ahaindia@ahaindia.org](mailto:ahaindia@ahaindia.org) & [ahaindia1987@gmail.com](mailto:ahaindia1987@gmail.com)  
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## MEMBERSHIP OF AHA

Health care delivery and hospitals are at crossroads today. Globalisation, economic liberalisation, increased patient awareness, enhanced patient and staff expectations, cost effectiveness, emerging medical, legal and ethical issues, health care insurance, accreditation systems, privatization of medical care, technological explosion are some of the factors which have metamorphosed health care provisioning. The AHA through the mode of JAHA, workshops, seminars, symposiums conferences – national as well as international, provides the needed platform to the health care and hospital administrators to discuss, share, analyse and research the existing, emerging and futuristic issues. The endeavor is to offer winning strategies and to confront the managerial challenges of technology, complexity, change, expectations, ethical issues, media, marketing, crisis/human/other resources management and convert the challenges into opportunities of success.

The application form for membership has been placed at **Annexure 'A'**. AHA presently has more than **1500 members** and they offer the core strength to AHA.

The membership fees for the various memberships are as follows:-

- **Life membership (Individual)** - **Rs. 5000/-**
- **Institutional membership** - **Rs. 20000/-**
- **Associate membership** - **Rs. 4000/-**
- **Student membership** - **Rs. 3000/- \***

\* Student members are required to convert their membership to Life Membership [Individual] on completion of MHA/MD [HA]/MBA [Healthcare Mgt] with additional payment of difference amount along with copy of degree. Else the name will be deleted automatically from Student Membership list after a period of 5 years, from the day of approval.

## ELIGIBILITY

The eligibility conditions for obtaining membership of AHA are as follows:-

### LIFE MEMBERSHIP (INDIVIDUAL)

It is awarded to persons having degrees / appointments / experience as follows:-

- MHA / MD (CHA) / MD (HA) / PhD / DIPNBE in Hospital Administration from a recognized University.
- PGDHM from AHA
- Degree/Diploma in Hospital Administration full time [two years] from institutions / agencies recognized by Ministry of Health and Family Welfare / Human Resources Development / AICTE.
- Diploma in Hospital Administration from institutions / agencies recognized by Ministry of Health and Family Welfare / Human Resources Development / AICTE and has been engaged in responsible administrative positions for a period of five years in an acceptable institution after acquiring the qualification.
- Holds a responsible administrative position in an acceptable hospital or related health care organization such as the position of Director, Dy. Director, Assoc. Director, Medical Superintendent, Nursing Superintendent and has acquired, in the opinion of Board of Executives, adequate knowledge of the principles, concepts and practice of health / hospital care administration.
- Is holding the position of Dean, Sub-Dean, Principle, Vice Principle or any equivalent position in Medical College or College / School of Nursing and has acquired, in the opinion of the Board of Executives adequate knowledge of the functions, principles and practices of hospital administration.
- Life Associate Members with 10 years of administrative experience after admission a Associate members.

## INSTITUTIONAL MEMBERSHIP

(Non Voting) Institutional Membership is accepted for Hospitals, professional bodies and establishments in the field of hospital administration. (It entitles for sponsorship of three candidates for meetings and seminars organized by AHA).

## LIFE ASSOCIATE MEMBERS

Any individual who undertakes to subscribe to the objectives of the Academy may be admitted to the membership provided at the time of admission, he / she:-

- Has degree of diploma in Health / Hospital Administration or allied disciplines from recognized university, school or centre and is engaged in a responsible administrative position in an acceptable hospital or related health activity.
- Is a faculty, researcher, or director of acceptable graduate and undergraduate programme in hospital and health care management and holds a full time position.
- Is an officer engaged in the administration of hospital for health and medical care at centre, state, or district level.
- Is a consultant adviser, co-coordinator or administrator of health related organization such as voluntary health association etc. and in that position influences the operation, growth and development of hospital or other acceptable hospital services and programmes.
- Medical officer, having degree in alternative systems of medicine and engaged in responsible administrative position or related health activity.
- Life Associate Member shall have no voting right.

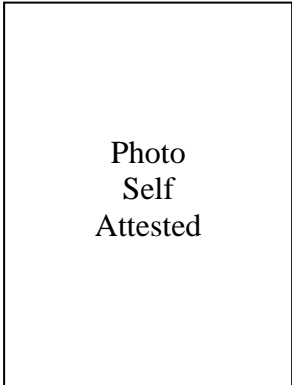
## PRIVILEGES OF MEMBERS

Every member will be given a membership certificate signifying the type of membership and date of admission.

- Every member (except Associate, Student and Institution) will have the right to be elected and be represented on the executive committee of the Academy on the basis of an election held during the Annual General Body Meeting.
- Every member will be entitled free of charge a copy of the biannual journal of Academy of Hospital Administration.
- All priced publications of AHA will be made available to members at concessional rates.
- Every member (except Associate, Student & Institutional and Honorary) has a voting right.
- Information regarding various training programmes, workshops, seminars will be disseminated to the members. Preference will be given to AHA members for participating in these activities at reduced / concessional rates.
- Members will be entitled to use the following titles according to their respective class of membership.
  - Fellow - FAHA
  - Honorary Fellow - HFAHA
  - Life Member - MAHA
  - Associate Member - AMAHA
  - Student Member - SAMAHA

**MEMEBRSHIP FORM-AHA**

To  
 The President,  
 Academy of Hospital Administration,  
 AHA House,  
 C-56/43, Institutional Area, Sector – 62, NOIDA, U.P.  
 Tel: 0120-4233761-62-63, 2401406



Dear Sir,

I wish to become the member of AHA, my particulars are as follows:-

Name: \_\_\_\_\_

Qualification: \_\_\_\_\_

Particulars of training in Health / Hospital Administration: \_\_\_\_\_

Professional Experience: \_\_\_\_\_

Address (Residential) Permanent: \_\_\_\_\_

Present: \_\_\_\_\_

Address (Office): \_\_\_\_\_

Tel. Res. \_\_\_\_\_ Office \_\_\_\_\_ Residence \_\_\_\_\_

Mobile No. \_\_\_\_\_ Email: \_\_\_\_\_

Type of Membership applied (Mark "X") for:-

Life  Institutional  Associate  Student

YEAR

Enclosed is NEFT/Cheque/DD No./CASH \_\_\_\_\_ Dated \_\_\_\_\_

For Rs. \_\_\_\_\_ Drawn on \_\_\_\_\_

Yours faithfully

**NOTE:-**

1. Draft/Cheque [at par only] to be made in the name of "Academy of Hospital Administration", payable at New Delhi, Outstation cheques not accepted.
2. A brief Bio-Data may please be attached.
3. Photocopies of certificates [Self attested]
4. Attach separate sheet if needed for qualifications and experience.