

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.

Tel: 0120-4233761/62/63 & 2401496

Email: ahaindia@ahaindia.org & ahaindia1987@gmail.com

Website: www.ahaindia.org

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)

LIFE MEMBERSHIP (INDIVIDUAL)

Any individual may be admitted as life member provided at the time of admission he / she has

- I. MHA / MD (CHA) / MD (HA) / PhD / DIPNBE in Hospital Administration from MCI/recognized University “OR”
 - II. PGDHM from AHA “OR”
 - III. PG Degree/PG Diploma [2 years]/ MBA in Hospital Administration/ Health Care Administration from institutes/ Agencies recognized by University, Ministry of Health & Family Welfare/ Human Resource Development/ AICTE
 - IV. and has been engaged in responsible administrative positions for a period of five years in an acceptable institution after acquiring the qualification.
- ‘or’
- V. Holds a responsible administrative position in an acceptable hospital or related health care organization such as that of Director, Dy. Director, Assoc. Director, Medical Superintendent, Nursing Superintendent and has acquired, in the opinion of BoE, adequate knowledge of the principles, concepts and practice of health / hospital care administration.
- ‘or’
- VI. Is holding the position of Dean, Sub-Dean, Principal, Vice Principal 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.
- ‘or’
- VII. He /She will have voting right.

INSTITUTIONAL MEMBERSHIP

Any Medical/Teaching Institution may be admitted as an institutional member by Board of Executive. However, Institutional member would not have any voting right.

(It entitles for sponsorship of three candidates for meetings and seminars organized by AHA).

LIFE ASSOCIATE MEMBERS

- i) 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:
- a. Has a degree or 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.
“or”
 - b. Is a Faculty, Researcher or Director of acceptable Graduate and under Graduate program in hospital and health care management and holds a full time position.
“or”
 - c. Is an officer engaged in the administration of hospital or health or medical care at Central, State or District level
“or”
- II. Is a Consultant, Adviser, Coordinator or Administrator of health-related organization such as voluntary health association etc. and in that position influences the operation, growth and development of hospitals of other acceptable hospital services and programs.
“or”
- III. Medical officers having degrees in alternative systems of medicine and engaged in responsible administrative position or in related health activities.
- IV. Life Associate member shall **not have any voting rights.**

STUDENT MEMBERS

- a) Any person who is undergoing degree/ diploma in Hospital/ Health management or allied disciplines may be admitted as student member.
- b) He/ She will not have voting right & has to pay membership fee. He/ She will cease to be member once his/ her studies are over.
- c) Validity of Student Membership is 3 years.
- d) Once he/ she becomes eligible for life member/ associate member, he/ she has option to do so by paying the difference of Fee.

PRIVILEGES OF MEMBERS

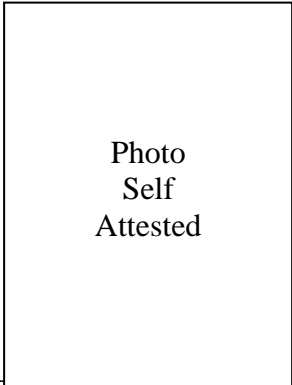
- a) Every member will be given a membership certificate signifying the type of membership and date of admission.
 - b) Life members only will have the right to elect as well as be elected and be represented on the executive committee of the Academy [**as per the criteria laid down in the revised MoA**] during the Annual General Body Meeting.
 - c) Every member will be entitled free of charge, to a copy of the biannual Journal of Academy of Hospital Administration – JAHA, in digital or printed form.
 - d) All priced publication by AHA will be made available to members at concessional rates.
 - e) Information regarding various Training Programs, Workshops, Seminars and Conferences will be made available to all categories of members in advance. Preference will be given to AHA members for participating in these activities at reduced/ concessional rates of delegation fees.
- 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**

The proposed other benefits of joining the AHA are listed below:

- **Welcome kit** [Copies of last few edition of JAHA & AHA Brochure and Membership Certificate]
- **Professional recognition** [All members are allotted Membership number with Prefix as MAHA, AMAHA, SAMAHA etc.]
- **Accreditation** [NABH Qualified members will be empanelled as Consultants]
- **Journal** [Preference is given to a member for publication of articles authored by them]
- **Research Guidance**
- **Networking & Information & Professional Advice Benefits**
- **Professional Development** through various Management Development Programmes and Conferences/Seminars/Workshops.

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

Applied Date

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,
2. A brief Bio-Data may please be attached.
3. Photocopies of certificates [Self attested]
- 4. As per revised Govt Society Rules, must attach ID Proof [PAN/DL/Voter ID]**
5. Attach separate sheet if needed for qualifications and experience.