

**FORM OF APPLICATION FOR REGISTRATION OF A PUBLIC TRUST**

**SCHEDULE II**

(Vide Rule 6)

To,  
The Assistant Charity Commissioner,  
Pune Region, Pune.

In the matter of following named Public Trust I, Dr. Jayaraman Muthukrishnan, Hon. Secretary of the following named public trust, hereby apply under section 18 of the Maharashtra Public Trust Act, 1950 for the Registration of the said public trust.

I submit the following necessary particulars:-

**1) Name of trust: “Association of Physicians of India - Armed Forces Medical Services Chapter”**

**2) Address of trust:**  
C/O: Department of Internal Medicine, Armed Forces  
Medical College, Solapur Road, Pune-411040

EMAIL ID-

Mob. No.

**3) Names and addresses of first managing body of the society/trust:-**

| No | Full Name & Address   | Age | Designation                      | Occupation | Nationality |
|----|---|-----|----------------------------------|------------|-------------|
| 1  | Dr. Sandeep Thareja<br>Senior Consultant Medicine<br>DGMS office, New Delhi   | 57  | Chairman                         | Doctor     | Indian      |
| 2  | Dr. Jayaraman Muthukrishnan<br>Head of the Department<br>Department of Internal Medicine,<br>Armed Forces Medical College,<br>Solapur Road, Pune-411040 | 52  | Hon.<br>Secretary                | Doctor     | Indian      |
| 3  | Dr. T.V.S.V.G.K. Tilak<br>Department of Internal Medicine,<br>Armed Forces Medical College,<br>Solapur Road, Pune-411040                                | 48  | Executive<br>Committee<br>Member | Doctor     | Indian      |
| 4  | Dr. Vinny Pulikottil Wilson<br>Department of Internal Medicine,<br>Armed Forces Medical College,<br>Solapur Road, Pune-411040                           | 47  | Executive<br>Committee<br>Member | Doctor     | Indian      |

|   |   |    |                                  |        |        |
|---|---|----|----------------------------------|--------|--------|
| 5 | Dr. Manish Manrai<br>Department of Internal Medicine,<br>Armed Forces Medical College,<br>Solapur Road, Pune-411040           | 47 | Executive<br>Committee<br>Member | Doctor | Indian |
| 6 | Dr. Parikshit Singh Chauhan<br>Department of Internal Medicine,<br>Armed Forces Medical College,<br>Solapur Road, Pune-411040 | 44 | Hon.<br>Treasurer                | Doctor | Indian |
| 7 | Dr. Santosh Kumar Singh<br>Department of Internal Medicine,<br>Armed Forces Medical College,<br>Solapur Road, Pune-411040     | 45 | Executive<br>Committee<br>Member | Doctor | Indian |
| 8 | Dr. Rohit Vashisht<br>Department of Internal Medicine,<br>Armed Forces Medical College,<br>Solapur Road, Pune-411040          | 40 | Executive<br>Committee<br>Member | Doctor | Indian |
| 9 | Dr. Y. Uday<br>Department of Internal Medicine,<br>Armed Forces Medical College,<br>Solapur Road, Pune-411040                 | 43 | Section Editor                   | Doctor | Indian |

- (i) Modes of succession to the trusteeship and managership :- The Managing Committee of the Society shall be of minimum 09 members and not more than 15. The tenure of the Managing Committee shall be of 5 years. After every five years, an election to elect the further Managing Committee shall be held in the Annual General Meeting of that year.
- (ii) Objects of the trust/Society/Association: As mentioned in Memorandum of Association
- (iii) (a) Particulars of documents creating : the trust (attach copies) : Memorandum of Association  
(b) Particulars other than documents: Rules and Regulation  
about the origin or creation of the trust/society. **N.A.**
- (iv) Particulars of the scheme, if any, : **N.A.**  
Relating to the trust (attach copy)
- (v) Movable property with estimated :  
value of each class of such property

(Note: Entries should be made by:  
board description of classes such  
property e.g., furniture, books etc.,  
rather than of each individual article.  
Entry regarding cash should be made  
only if such cash forms part of the  
capital of the trust. In the case of

- script give particulars of each security, stock, share and debenture including the number which it bears) **9000/-**
- (vi) (a) Details of immovable property : **Nil**  
 showing the village or town where situate, along with capital C.S., Municipal or Survey No., area, assessment or Judi and description of the tenure on which held (attach certified copies of the entries in the record of rights, city survey record and municipal record relating to the properties)
- (b) Estimated value of each immovable property : **Nil**
- (vii) Sources of income of the trust :- By donation and other ways as mentioned in the Rules and Regulation
- (viii) Average gross annual income : 1. From movable: **N.A.**  
 2. from immovable: **N.A.**
- (ix) Average annual expenditure : **N.A.**
- (x) Amount of average annual expenditure : **N.A.**  
 (a) On remuneration to trustees and manager : -  
 (b) On establishment and staff : -  
 (c) On religious objects : -  
 (d) On charitable objects : -  
 (e) On miscellaneous items : -
- (xi) Particulars of encumbrances, if any, on trust property : -
- (xii) Particulars of title deeds pertaining to trust property and the names of the trustees in possession thereof : -
- (xiii) Remarks if any : Financial year 1<sup>st</sup> April to 31<sup>st</sup> March
3. Fees of Rs. /-( ) accompanies
4. Any communication to the trustee or manager in connection with the trust, may be sent to the following address:-

Name: Dr. Jayaraman Muthukrishnan

Address: C/O: Department of internal medicine, Armed Forces Medical College, Pune-411040

Date:

Dr. Jayaraman Muthukrishnan  
 Applicant

### VERIFICATION

I, the above named Dr. Jayaraman Muthukrishnan, address :C/O: Department of internal medicine, Armed Forces Medical College, Pune-411040, do solemnly affirm and say that what is stated in the above application is true to the best of my information and belief.

Solemnly affirmed at Pune

Date:

Dr. Jayaraman Muthukrishnan

Applicant

## **CONSENT LETTER**

TO,  
THE HON'BLE ASST. CHARITY COMMISSIONER,  
PUNE REGION PUNE.

SUBJECT: Registration of **“Association of Physicians of India - Armed Forces Medical Services Chapter”** as a trust under the provisions of the Maharashtra Public Trust Act, 1950.

Respected Sir,

The undersigned are the first Managing Committee of **“Association of Physicians of India - Armed Forces Medical Services Chapter”** and we have given our Express Consent to act as the Member of this Managing Committee as per the aims, objects, rules and regulations of the Society.

We have further given our consent for registration of the said trust under the provisions of the Maharashtra Public Trust Act, 1950 and in token of the same; we have given our consent/signature on the present consent letter.

| No | Name                        | Signature |
|----|-----------------------------|-----------|
| 1  | Dr. Sandeep Thareja         |           |
| 2  | Dr. Jayaraman Muthukrishnan |           |
| 3  | Dr. T.V.S.V.G.K. Tilak      |           |
| 4  | Dr. Vinny Pulikottil Wilson |           |
| 5  | Dr. Manish Manrai           |           |
| 6  | Dr. Parikshit Singh Chauhan |           |
| 7  | Dr. Santosh Kumar Singh     |           |
| 8  | Dr. Rohit Vashisht          |           |

|   |             |  |
|---|-------------|--|
| 9 | Dr. Y. Uday |  |
|---|-------------|--|

Pune, Date:

Dr. Jayaraman Muthukrishnan

Applicant

**GIVING PUBLIC NOTICE**

To,

The Assistant Charity Commissioner,  
Pune Region, Pune,

Sub: Exemption from giving public notice

Respected Sir,

I, following signatory member of the first Managing Committee of the **“Association of Physicians of India - Armed Forces Medical Services Chapter”**, state that the said society is registered under the provisions of the Societies Registration Act, 1860. The said society, at present does not have any immovable property. Hence it is most respectfully prayed that the public notice of inquiry, as contemplated u/s 7A of the Maharashtra Public Trust Act, 1950 may be published by other modes as prescribed by law.

PUNE

DATED:

Dr. Jayaraman Muthukrishnan

Applicant,

**PURSHIS**

TO,  
THE HON'BLE ASST. CHARITY COMMISSIONER,  
PUNE REGION, PUNE.

Name Of Society : **“Association of Physicians of India - Armed Forces Medical Services Chapter”**

The above mentioned Society registered under The Societies Registration Act, 1860. Vide registration no. MAH./ /2023 Pune on / /2023.

I have submitted the application for registration along with the all necessary and required documents. Hence I have nothing to submits any oral or documentary evidence in respect of registration purpose.

Thanking you.

Pune, Date:

Dr. Jayaraman Muthukrishnan

Applicant,



## **AFFIDAVIT**

I, undersigned, Dr. Jayaraman Muthukrishnan, Age: 52 Years, Occupation: Doctor, Office/At: C/O: Department of internal medicine, Armed Forces Medical College, Pune-411040, do hereby state and declare on solemn affirmation as under,

- 1) That I say That, I'm Hon. Secretary Of **"Association of Physicians of India - Armed Forces Medical Services Chapter"** and I have made an application for the registration of society under The Societies Registration Act, 1860 Before The Hon'ble Asst. Registrar Of Societies, Pune on        /        /2023.
- 2) That I say That, All the information, details and statements made in The Memorandum Of Association and The Rules And Regulations and other documents submitted along with the proposal are true and correct.
- 3) That I say That, The said society is established for charitable objects and aims for the benefit of whole society and not for any individuals.
- 4) That I say That, I know all signatories who have signed this Memorandum of Association of said society and they have signed before me.
- 5) That I say That, to the best of my information and knowledge, no other society is registered with the same or similar name within the jurisdiction of The Hon'ble Asst. Registrar, Pune.
- 6) That I say That, The society does not have own any immovable property.
- 7) At present The society has the amount of Rs. **9,000/-** as movable property.
- 8) That I say That, The address of correspondence of the society is given in the said registration proposal is the address of and everybody knows the place. I submitted separate NOC and light bill/ tax receipt copy of said address along with the registration proposal. Incase, of any dispute raised in respect of societies address or changes in the address when took place, will be intimated as required and the responsibility will be of me and of other members of managing committee of the society.
- 9) That I say That, No changes has taken place in the statements made in the registration proposal till the date.

All statements and details in this AFFIDAVIT are true and corrects to the best of my knowledge, information and belief.

Date:    /    /2023

Place: Pune

Dr. Jayaraman Muthukrishnan

Affiant,

# **VAKALATNAMA**

**IN THE COURT OF ASST. CHARITY COMMISSIONER, PUNE REGION,  
PUNE**

**NO                      OF                      /2023**

**“Association of Physicians of India - Armed Forces Medical  
Services Chapter” through its Hon. Secretary**

**Dr. Jayaraman Muthukrishnan -----APPLICANT**

**V/S**

**NIL**

**I/We Undersigned, Dr. Jayaraman Muthukrishnan**

**The applicant above named hereby appoint & authorize.**

**To appear and plead for me/ us as my /our ADVOCATE/s in the  
matter.**

**In witness where of I/ we have signed below this                      day of                      ,2023.**

**Witness**

**Accepted and field on    /    /2023.                      -----**

**Signature of Advocate/s**

**Dr. Jayaraman Muthukrishnan  
-----**

## **SCHEDULE I**

### **(See Rule 7)**

Statement of annual list of persons referred to in section 4 of the societies Registration Act, 1860.

Name the society: **“Association of Physicians of India - Armed Forces Medical Services Chapter”**

Registration No. under the Society Registration Act, 1860 - --

Date of election and period for which elected –

Period for which the list is filed –

Date of Admission:

| No | Name                        | Signature |
|----|-----------------------------|-----------|
| 1  | Dr. Sandeep Thareja         |           |
| 2  | Dr. Jayaraman Muthukrishnan |           |
| 3  | Dr. T.V.S.V.G.K. Tilak      |           |
| 4  | Dr. Vinny Pulikottil Wilson |           |
| 5  | Dr. Manish Manrai           |           |
| 6  | Dr. Parikshit Singh Chauhan |           |
| 7  | Dr. Santosh Kumar Singh     |           |
| 8  | Dr. Rohit Vashisht          |           |
| 9  | Dr. Y. Uday                 |           |

Pune, Dated:

Dr. Jayaraman Muthukrishnan

Applicant,

**SCHEDULE II**

**(See Rule 8)**

**Statement relating to persons employed by the society, their conditions of employment etc. during the year ending**

Name of the society: **“Association of Physicians of India - Armed Forces Medical Services Chapter”**

Registration No. under the Society Registration Act, 1860.

Date of election and period for which elected

Period for which the list is filed.

| <b>Sr. No.</b> | <b>Name and designation of the employee</b> | <b>Present pay scale</b> | <b>Whether temporary or permanent and whether full time or part time</b> | <b>Present pay per month</b> |
|----------------|---|--------------------------|--|------------------------------|
| <b>1</b>       | <b>2</b>                                    | <b>3</b>                 | <b>4</b>   | <b>5</b>                     |
| -              | ---   | <b>NIL</b>               | ---  | ---                          |

| <b>Dearness allowance per month</b> | <b>Special pay, if any.</b> | <b>Other allowances, if any (House rent, medical conveyance etc)</b> | <b>Provident fund benefits if any</b> | <b>Other benefits and amenities provided by the society, if any</b> | <b>Remarks</b> |
|-------------------------------------|-----------------------------|--|---------------------------------------|---|----------------|
| <b>6</b>                            | <b>7</b>                    | <b>8</b>   | <b>9</b>                              | <b>10</b>   | <b>11</b>      |
| -                                   | ---                         | <b>NIL</b>   | ---                                   |   | ---            |

Yours Faithfully,

Dr. Jayaraman Muthukrishnan

**SCHEDULE VI**

**(See Rule 15)**

**List of Members to be maintained by the Governing Body of the society**

Name of the society: **“Association of Physicians of India - Armed Forces Medical Services Chapter”**

Date of Admission:

Registration No. of the society under the Societies Registration Act, 1860.

| No | Name                        | Signature |
|----|-----------------------------|-----------|
| 1  | Dr. Sandeep Thareja         |           |
| 2  | Dr. Jayaraman Muthukrishnan |           |
| 3  | Dr. T.V.S.V.G.K. Tilak      |           |
| 4  | Dr. Vinny Pulikottil Wilson |           |
| 5  | Dr. Manish Manrai           |           |
| 6  | Dr. Parikshit Singh Chauhan |           |
| 7  | Dr. Santosh Kumar Singh     |           |
| 8  | Dr. Rohit Vashisht          |           |
| 9  | Dr. Y. Uday                 |           |

Place: Pune, Dated:

Dr. Jayaraman Muthukrishnan  
Applicant,

## **SCHEDULE – A**

To,  
The Assistant Registrar of Societies,  
Pune Region, Pune.

Sub: Registration of Society under the provisions of the Societies Registration Act, 1860.

Name and address of the Society: **“Association of Physicians of India - Armed Forces Medical Services Chapter”**

**C/O: Department of Internal Medicine, Armed Forces Medical College, Solapur Road, Pune-411040**

I the following signatory member of said society are desirous of registering a society under the provisions of the Societies Registration Act, 1860. Hence for the same we are filing following documents:

1. Copy of Memorandum of Association.
2. Copy of rules and regulations.
3. Consent letter of all the members of the Managing Committee of the Society.
4. Authority letter of all the members of the Managing Committee of the Society.
5. Affidavit of the President of the Society on General Stamp paper of Rs. 100/- regarding address and property of the Society.
6. Guaranty letter regarding non organization of lucky draw.
7. Application of exemption of public notice.

We also further state and submit that the objects of the said Society are according to the section 20 of the Societies Registration Act, 1860, We also state that as per our knowledge and information no other Society of the similar name is in existence of our area of operation. We are ready to deposit Rs. 50/- (Rs. fifty only) for the registration fees. Hence the Society above

named may kindly be registered under the provisions of the Societies Registration Act, 1860.

PUNE, DATED:

Dr. Jayaraman Muthukrishnan  
Applicant,

**SCHEDULE - D**  
**CONSENT LETTER**

To,  
The Assistant Registrar of Societies,  
Pune Region, Pune  
Sub: Registration of Society under the provisions of the Societies Registration Act, 1860.

Name of the Society : **“Association of Physicians of India - Armed Forces Medical Services Chapter”**

Respected Sir,

We the following members of the first Managing Committee of the **“Association of Physicians of India - Armed Forces Medical Services Chapter”** are desirous of registering the said society under the provisions of the Societies Registration Act, 1860. We hereby consent to work according to the Rules and Regulations and for the achievement of its aims and objectives. Hence in token of our consent we have signed and subscribed to this Consent Letter on the aforesaid day:

| No | Name                        | Signature |
|----|-----------------------------|-----------|
| 1  | Dr. Sandeep Thareja         |           |
| 2  | Dr. Jayaraman Muthukrishnan |           |
| 3  | Dr. T.V.S.V.G.K. Tilak      |           |
| 4  | Dr. Vinny Pulikottil Wilson |           |
| 5  | Dr. Manish Manrai           |           |
| 6  | Dr. Parikshit Singh Chauhan |           |
| 7  | Dr. Santosh Kumar Singh     |           |



|   |                    |  |
|---|--------------------|--|
| 8 | Dr. Rohit Vashisht |  |
| 9 | Dr. Y. Uday        |  |

PUNE, DATED:

I know the above signatories and they have signed on this Memorandum of Association before the Chairmen of Society/Trust.

Dr. Jayaraman Muthukrishnan

**Advocate,**

**Applicant,**

**SCHEDULE - E**  
**AUTHORITY LETTER**

To,

The Asst. Registrar of Societies,

Pune Region, Pune

Sub: Authority letter for Registration of Society

Name of the Society: **“Association of Physicians of India - Armed Forces Medical Services Chapter”**

Respected Sir,

We are the following members of the first Managing Committee of the **“Association of Physicians of India - Armed Forces Medical Services Chapter”** who are desirous of registering the said society under the provisions of the Societies Registration Act, 1860, do hereby authorize to the applicant herein to make necessary changes in the documents pertaining to the registration of the society.

Hence in token of the same we have signed and subscribed to this Authority Letter on the aforesaid day:

| No | Name                        | Signature |
|----|-----------------------------|-----------|
| 1  | Dr. Sandeep Thareja         |           |
| 2  | Dr. Jayaraman Muthukrishnan |           |
| 3  | Dr. T.V.S.V.G.K. Tilak      |           |
| 4  | Dr. Vinny Pulikottil Wilson |           |
| 5  | Dr. Manish Manrai           |           |
| 6  | Dr. Parikshit Singh Chauhan |           |
| 7  | Dr. Santosh Kumar Singh     |           |
| 8  | Dr. Rohit Vashisht          |           |

|   |             |  |
|---|-------------|--|
| 9 | Dr. Y. Uday |  |
|---|-------------|--|

PUNE,DATED:

I accept the authority given to me.

Dr. Jayaraman Muthukrishnan

Applicant,

## **GUARANTY LETTER**

To,

The Asst. Registrar of Societies,  
Pune Region, Pune.

Sub: Guaranty letter Registration of Society

Name of the Society: **“Association of Physicians of India - Armed Forces Medical Services Chapter”**

Respected Sir,

We the following members of the first Managing Committee of the **“Association of Physicians of India - Armed Forces Medical Services Chapter”** who are desirous of registering the said society under the provisions of the Societies Registration Act, 1860, do hereby assure and undertake that we shall not misuse the registration certificate given to us under the provisions of the Societies Registration Act, 1860 and the Bombay Public Trust Act, 1950 for conducting a lucky draw or bhishi or for collecting money by any illegal means.

Hence in token of the same we have signed and subscribed to this Guaranty Letter on the aforesaid day:

| No | Name                        | Signature |
|----|-----------------------------|-----------|
| 1  | Dr. Sandeep Thareja         |           |
| 2  | Dr. Jayaraman Muthukrishnan |           |
| 3  | Dr. T.V.S.V.G.K. Tilak      |           |
| 4  | Dr. Vinny Pulikottil Wilson |           |
| 5  | Dr. Manish Manrai           |           |
| 6  | Dr. Parikshit Singh Chauhan |           |
| 7  | Dr. Santosh Kumar Singh     |           |

|   |                    |  |
|---|--------------------|--|
| 8 | Dr. Rohit Vashisht |  |
| 9 | Dr. Y. Uday        |  |

PUNE

DATED:

Dr. Jayaraman Muthukrishnan

Applicant,

### **UNDERTAKING LETTER**

To,  
The Hon'ble Assistant Charity Commissioner,  
Pune Region,  
Pune.

NAME OF THE SOCIETY: **"Association of Physicians of India - Armed Forces Medical Services Chapter"**

Respected Sir,

We the undersigned hereby assure and undertake that we shall not use the certificate which will be granted under the provision of Society Registration Rules 1860 and Bombay Public Trust Act, 1950 for the purpose of Chit funds, lucky draw etc. and shall not collect the amounts illegally for any other purpose.

| No | Name                        | Signature |
|----|-----------------------------|-----------|
| 1  | Dr. Sandeep Thareja         |           |
| 2  | Dr. Jayaraman Muthukrishnan |           |
| 3  | Dr. T.V.S.V.G.K. Tilak      |           |
| 4  | Dr. Vinny Pulikottil Wilson |           |
| 5  | Dr. Manish Manrai           |           |
| 6  | Dr. Parikshit Singh Chauhan |           |
| 7  | Dr. Santosh Kumar Singh     |           |
| 8  | Dr. Rohit Vashisht          |           |

|   |             |  |
|---|-------------|--|
| 9 | Dr. Y. Uday |  |
|---|-------------|--|

Pune, Date:

Dr. Jayaraman Muthukrishnan

Applicant,

**FIRST MANAGING COMMITTEE MEMBERS LIST**

To,  
The Hon'ble Asst Registrar Of Societies,  
Pune Region, Pune.

Sub:- THE FIRST MANAGING COMMITTEE MEMBERS LIST.

**“Association of Physicians of India - Armed Forces Medical Services Chapter”**

Respected Sir,

We are here registered above society and we provide also  
our first managing committee members list.

| No | Name                        | Signature |
|----|-----------------------------|-----------|
| 1  | Dr. Sandeep Thareja         |           |
| 2  | Dr. Jayaraman Muthukrishnan |           |
| 3  | Dr. T.V.S.V.G.K. Tilak      |           |
| 4  | Dr. Vinny Pulikottil Wilson |           |
| 5  | Dr. Manish Manrai           |           |
| 6  | Dr. Parikshit Singh Chauhan |           |
| 7  | Dr. Santosh Kumar Singh     |           |
| 8  | Dr. Rohit Vashisht          |           |
| 9  | Dr. Y. Uday                 |           |

Pune, Date:-

Dr. Jayaraman Muthukrishnan

Applicant,