



INDIAN ALLIED HEALTH CARE PROFESSIONAL / INSTITUTE ASSOCIATION

AUTHORIZATION LETTER

Date: 03/06/2025

To Whom It May Concern,

This is to officially certify that **Mr. Shibu Thomas**, S/o Mr. Thomas, residing at 4/36B2, Vettivelan Complex, Kovilada Viali Street, Kizha Peruvilai P.O., Kanyakumari District, Tamil Nadu – 629003, has been appointed as the **State President – South India** for the **Indian Allied Health Care Professional / Institute Association (IAHA)**.

As the authorized State President, Mr. Shibu Thomas is entrusted with the following responsibilities:

1. Representing IAHA across all paramedical, professional, academic, and institutional engagements in **Tamil Nadu, Kerala, Karnataka, Andhra Pradesh, Telangana, and Puducherry**.
2. Overseeing **General Membership, Life Membership, Institutional Membership, Associate Membership, and Student Membership** enrollments; facilitating institutional collaborations, accreditations, and promoting **IAHA Fellowship** programs in the designated region.
3. Coordinating and executing **awareness programs, training events, and conferences** as part of IAHA's outreach and development mission.
4. Managing collection of IAHA membership fees within the region, wherein **65% is retained as the State President's share and 35% is to be forwarded to the IAHA Head Office**.
5. Upholding **IAHA's Code of Ethics**, professional standards, and maintaining **transparent communication** with the Head Office.

We kindly request all institutions, professionals, and relevant authorities to recognize and cooperate with **Mr. Shibu Thomas** in his official capacity as the representative of IAHA.

For verification or further information, please contact the IAHA Head Office using the contact details above.

Sincerely,
Secretary

Indian Allied Health Care Professional / Institute Association (IAHA)



Signature:

Secretary
I. A. H. A.
INDIAN ALLIED HEALTH CARE
PROFESSIONAL / INSTITUTE ASSOCIATION
Date: 03/06/2025



INDIAN ALLIED HEALTH CARE PROFESSIONAL / INSTITUTE ASSOCIATION

AGREEMENT BETWEEN IAHA AND STATE PRESIDENT / BRANCH REPRESENTATIVE

This Agreement is made at Delhi on this 03/06/2025 by and between:

Indian Allied Health Care Professional / Institute Association (IAHA), an organization registered and operating under the applicable laws of India, with its Head Office at Ch. No. 157/1, Near Laxmi Nagar Metro Station Gate No. 1, Vikas Marg, Delhi - 110092, (hereinafter referred to as the "**Association**", which expression shall, unless repugnant to the context or meaning thereof, include its successors, representatives, and assigns) of the FIRST PART;

AND

Mr. Shibu Thomas, S/o Mr. Thomas, residing at 4/36B2, Vettivelan Complex, Kovilada Viali Street, Kizha Peruvilai P.O., Kanyakumari District, Tamil Nadu - 629003, (hereinafter referred to as the "**State President**", which expression shall, unless repugnant to the context or meaning thereof, include his legal heirs, successors, representatives, and assigns) of the SECOND PART.

WHEREAS:

IAHA is an organization committed to supporting and uplifting Allied Health Care Professionals and Institutions through membership, accreditation, fellowship, and representation services.

IAHA is desirous of appointing a State President - South India, to represent and promote the Association's mission in **Tamil Nadu, Kerala, Karnataka, Andhra Pradesh, Telangana, and Puducherry**.

The Association hereby appoints Mr. Shibu Thomas as its official representative for these states and union territory under the title **State President - South India**.

NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:

1. Appointment & Term:

The Association appoints Mr. Shibu Thomas as State President - South India for a term of five (5) years, effective from the date of this Agreement, unless otherwise terminated as provided herein.

2. Roles & Responsibilities:

Mr. Shibu Thomas shall:





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- Represent IAHA in all paramedical, academic, and institutional forums and engagements within the designated region.
- Promote IAHA's objectives, programs, accreditation services, and Fellowship initiatives.
- Oversee **General Membership, Life Membership, Institutional Membership, Associate Membership, and Student Membership** enrollments; facilitate institutional collaborations, accreditations, and promote IAHA Fellowship programs.
- Conduct seminars, awareness drives, training programs, and conferences as required by IAHA.
- Ensure compliance with IAHA's Code of Conduct and uphold the reputation of the organization.

3. IAHA Fellowship:

The State President shall:

- Promote IAHA Fellowship programs to eligible healthcare professionals.
- Assist in processing and validating Fellowship applications as per IAHA guidelines.
- Encourage academic excellence, research, and professional development through Fellowship engagement.
- Ensure Fellows uphold the ethics and standards of IAHA.

4. Remuneration & Fee Sharing:

- Mr. Shibu Thomas is entitled to commission or honorarium per activity, including:
 - Membership enrollments
 - Institutional partnerships or accreditations
 - Fellowship admissions
 - Program facilitation and awareness initiatives
- Mr. Shibu Thomas is authorized to collect all IAHA membership, fellowship, and institutional registration fees directly into his designated account.
- From each collected amount, **65% shall be retained** by Mr. Shibu Thomas and **35% shall be transferred** to the IAHA Head Office account on a **monthly basis**, along with a receipt summary.
- Transparent records shall be maintained, and periodic audits may be conducted by mutual consent.

5. Compliance & Reporting:

The State President agrees to:

- Operate in accordance with IAHA policies and instructions.





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- Submit monthly reports detailing activities, outreach, and feedback.
- CC the Head Office in all official communications with third parties.

6. Termination Clause:

The Association may terminate this Agreement by providing 15 days' written notice without assigning any reason. Upon termination, Mr. Shibu Thomas shall return all IAHA assets and cease all representation. He waives any legal or financial claims due to early termination.

7. Jurisdiction:

All disputes shall be subject to the exclusive jurisdiction of courts located in **Delhi, India.**

IN WITNESS WHEREOF, the parties have executed this Agreement on the date mentioned above.

Signed and Delivered by:

Mr. Shibu Thomas
(State President – South India)
Signature: _____
Date: _____

On Behalf of

Indian Allied Health Care Professional / Institute Association (IAHA)

Authorized Signatory

Name: Shibu Thomas
Designation: Secretary
Signature: _____
Seal of IAHA
Date: 03/06/25

Secretary
I.A.H.A.
INDIAN ALLIED HEALTH CARE
PROFESSIONAL / INSTITUTE ASSOCIATION

Witnesses:

1. Name: KIRAN
Address: DELHI
Signature: Kiran
2. Name: USHA YADAV
Address: DELHI
Signature: Usha

