AYUSH DOCTORS & PARA MEDICAL ASSOCIATION (ADPMA)

(**A Society Registered under the Society Registration Act, 1860**)

HEAD OFFICE: Aman Nagar, Behind Green Land School, Ludhiana–141008, Punjab (INDIA)

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PROFESSIONAL CODE OF CONDUCT & DECLARATION FORM

व्यावसायिक आचार संहिता एवं घोषणा पत्र

Signature of the Applicant

NOTE: Please fill out this application form in CAPITAL LETTERS only

For ADPMA Members | ADPMA सदस्यों हेतु

NOTE: Please fill out this form in **CAPITAL LETTERS** only.

Member Name: _____

Membership No.: _____

Membership Category:

☐ Basic ☐ Professional ☐ Lifetime

Date of Membership: ____ / ____ / _____

Date of Declaration: ____ / ____ / _____

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1. PURPOSE OF THE CODE OF CONDUCT

आचार संहिता का उद्देश्य

The Professional Code of Conduct of the **AYUSH Doctors & Para Medical Association (ADPMA)** is intended to establish standards of professional responsibility, ethical conduct, integrity, dignity, accountability and responsible representation among its members.

ADPMA expects every member to conduct himself/herself professionally and responsibly and to comply with all applicable laws, rules, regulations and requirements governing his/her qualification, registration and professional activities.

2. PROFESSIONAL INTEGRITY

व्यावसायिक ईमानदारी एवं सत्यनिष्ठा

I undertake that:

☐ I shall maintain honesty, integrity and professional responsibility in my conduct.

☐ I shall provide information regarding my qualification, experience, registration and professional status truthfully.

☐ I shall not submit false, forged, fabricated or misleading documents to ADPMA.

☐ I shall not knowingly conceal any material information relevant to my membership or professional status.

☐ I shall not falsely claim any qualification, specialization, designation or professional registration.

☐ I shall maintain the dignity and reputation of the healthcare profession and the Association.

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3. QUALIFICATION & PROFESSIONAL REGISTRATION

योग्यता एवं प्रोफेशनल रजिस्ट्रेशन

I acknowledge and undertake that:

☐ I shall represent my educational and professional qualifications accurately.

☐ Wherever applicable, I shall maintain valid registration/licensing with the competent statutory or regulatory authority.

☐ I shall comply with the applicable requirements relating to my qualification and professional practice.

☐ I shall not represent ADPMA membership as a substitute for any statutory registration, licence, permission or authorization.

☐ I shall immediately inform ADPMA if any professional registration relevant to my membership is suspended, cancelled, expired or otherwise materially changed.

4. SCOPE OF PROFESSIONAL PRACTICE

व्यावसायिक कार्यक्षेत्र

I understand and acknowledge that:

☐ My professional activities shall remain within the scope of my qualification, applicable registration and authorization.

☐ I shall not undertake professional activities for which I am not legally qualified, registered or authorized.

☐ I shall comply with applicable laws, rules, regulations, professional standards and directions of competent authorities.

☐ ADPMA membership does not independently authorize me to diagnose, prescribe, treat, operate, dispense, certify or perform any regulated professional activity.

☐ I shall not use ADPMA membership as evidence of statutory authorization to practice.

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5. PATIENT / CLIENT RESPONSIBILITY

रोगी / सेवा प्राप्तकर्ता के प्रति जिम्मेदारी

Where applicable to my professional role, I undertake that:

☐ I shall treat patients/clients with dignity, courtesy and respect.

☐ I shall maintain appropriate professional boundaries.

☐ I shall protect confidential information obtained during professional activities, subject to applicable law.

☐ I shall not intentionally mislead patients/clients regarding my qualification, experience or professional status.

☐ I shall provide appropriate information regarding the nature and limitations of my professional services.

☐ I shall refer a patient/client to an appropriately qualified professional or competent facility whenever the matter is beyond my scope, competence or authorization.

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6. PROFESSIONAL ADVERTISING & PUBLIC REPRESENTATION

विज्ञापन एवं सार्वजनिक प्रस्तुति

Members shall exercise particular caution while using social media, websites, advertisements, brochures, visiting cards, signboards and digital platforms.

I undertake that:

☐ I shall not make false, exaggerated, misleading or unsubstantiated claims regarding my professional services.

☐ I shall not claim to be “Government Approved”, “Government Registered”, “Government Certified” or similarly describe myself solely on the basis of ADPMA membership.

☐ I shall not use ADPMA membership to imply government recognition, statutory registration, accreditation or licensing.

☐ I shall not use the ADPMA logo, name or membership certificate in a manner that may mislead the public.

☐ I shall not make guaranteed claims regarding treatment outcomes, cures or professional results where such claims are prohibited or unsupported.

☐ I shall comply with applicable laws and regulations relating to professional advertising and public communication.

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7. USE OF ADPMA NAME, LOGO & MEMBERSHIP DOCUMENTS

ADPMA के नाम, लोगो एवं सदस्यता दस्तावेजों का उपयोग

I undertake that:

☐ I shall use the ADPMA name and logo only for legitimate membership/association-related purposes.

☐ I shall not alter or misuse the ADPMA logo or official documents.

☐ I shall not reproduce or modify my membership certificate or ID card in a misleading manner.

☐ I shall not permit another person to use my membership ID, certificate or membership number.

☐ I shall not represent myself as an office bearer or authorized representative of ADPMA unless formally appointed/authorized.

☐ I shall return or discontinue use of ADPMA membership materials if my membership is cancelled, suspended or otherwise terminated, where required by the Association.

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8. PROFESSIONAL BEHAVIOUR

व्यावसायिक व्यवहार

I undertake that I shall:

☐ Maintain professional courtesy and respectful behaviour.

☐ Avoid abusive, threatening, defamatory or discriminatory conduct.

☐ Not knowingly damage the reputation of another professional through false or malicious statements.

☐ Not engage in fraudulent activities connected with my professional identity or membership.

☐ Cooperate with legitimate verification or inquiry procedures of ADPMA concerning my membership.

☐ Maintain appropriate conduct during ADPMA meetings, conferences, seminars, workshops and other activities.

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9. CONFLICT OF INTEREST

हितों का टकराव

I undertake that:

☐ I shall disclose any material conflict of interest where disclosure is appropriate.

☐ I shall not use my ADPMA membership position for unauthorized personal benefit.

☐ I shall not represent a personal commercial activity as an official ADPMA activity without authorization.

☐ I shall not make commitments or representations on behalf of ADPMA without appropriate authority.

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10. CONFIDENTIALITY & MEMBER INFORMATION

गोपनीयता एवं सदस्य जानकारी

I understand that:

☐ Membership information and documents submitted to ADPMA may be maintained for legitimate membership administration and verification.

☐ I shall respect the confidentiality of information obtained through my association with ADPMA.

☐ I shall not misuse confidential information relating to other members, institutions, patients/clients or Association activities.

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11. SOCIAL MEDIA & DIGITAL CONDUCT

सोशल मीडिया एवं डिजिटल आचरण

I undertake that I shall exercise responsible conduct on:

☐ Facebook
☐ Instagram
☐ YouTube
☐ WhatsApp
☐ Websites
☐ Other Digital Platforms

I shall not knowingly publish or circulate false information, forged documents, misleading claims or unauthorized statements in the name of ADPMA.

I shall not present personal opinions, commercial activities or individual professional claims as official statements of ADPMA without authorization.

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12. COMPLIANCE WITH ADPMA RULES

ADPMA के नियमों का पालन

I agree to comply with:

☐ Constitution / Bye-Laws of ADPMA

☐ Membership Terms & Conditions

☐ Professional Code of Conduct

☐ Applicable Rules and Regulations

☐ Lawful directions issued by the competent authority of the Association

☐ Applicable laws and regulations governing my professional activities

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13. REPORTING OF MATERIAL CHANGES

महत्वपूर्ण परिवर्तन की सूचना

I undertake to inform ADPMA, wherever relevant, regarding material changes in:

☐ Name / Contact Details

☐ Qualification

☐ Professional Registration

☐ Professional Status

☐ Registration / Licence Status

☐ Disciplinary or regulatory status, where legally relevant and required

☐ Other information affecting my membership eligibility

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14. PROFESSIONAL CONDUCT COMPLAINTS

व्यावसायिक आचरण संबंधी शिकायतें

I understand that complaints concerning an ADPMA member may be considered by the Association in accordance with its applicable rules, procedures and jurisdiction.

I agree to cooperate with any legitimate internal membership review or disciplinary process conducted by ADPMA.

I understand that any action by ADPMA is limited to matters within the Association's authority and membership framework and does not replace the jurisdiction of any statutory, regulatory, judicial or governmental authority.

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15. DECLARATION BY MEMBER

सदस्य की घोषणा

I, the undersigned member, hereby declare that I have read and understood the **Professional Code of Conduct & Declaration of the AYUSH Doctors & Para Medical Association (ADPMA)**.

I undertake to conduct myself with professionalism, integrity, dignity and responsibility and to comply with the applicable rules of ADPMA and all applicable laws and regulations governing my professional activities.

I understand that **ADPMA membership is an association membership only** and does not by itself constitute or confer any government recognition, statutory registration, professional licence, medical practice licence, qualification recognition, accreditation or independent authority to practice any system of medicine or healthcare profession.

I shall not use my ADPMA membership, membership certificate, ID card, logo or membership number to create any false impression of government approval, statutory authorization, professional registration or licensing.

I acknowledge that violation of the applicable Code of Conduct, membership terms or Association rules may result in appropriate action concerning my membership, subject to the applicable procedures and rules of ADPMA.

I confirm that the information provided by me is true and correct.

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16. MEMBER'S UNDERTAKING

I hereby undertake that:

☐ I have read and understood this Code of Conduct.

☐ I agree to comply with it.

☐ I will maintain professional integrity and dignity.

☐ I will not misuse ADPMA membership or its documents.

☐ I will not make false claims regarding ADPMA recognition or authority.

☐ I will comply with applicable statutory and regulatory requirements.

☐ I will promptly inform ADPMA of relevant changes in my professional status.

☐ I accept the applicable membership rules and procedures of ADPMA.

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17. MEMBER DETAILS & SIGNATURE

Full Name: _____

Membership No.: _____

Membership Category: _____

Professional Qualification: _____

Professional Registration No., if applicable: _____

Mobile No.: _____

Email ID: _____

Address:

Place: _____

Date: ____ / ____ / _____

MEMBER'S SIGNATURE

Signature: _____

Name: _____

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18. FOR ADPMA OFFICE USE ONLY

केवल कार्यालय उपयोग हेतु

Declaration Received On: ____ / ____ / _____

Membership Record Verified:

☐ Yes ☐ No

Professional Registration Verified, if applicable:

☐ Yes ☐ No ☐ N/A

Code of Conduct Accepted:

☐ Yes ☐ No

Member Record Updated:

☐ Yes ☐ No

Verified By: _____

Designation: _____

Signature: _____

Date: ____ / ____ / _____

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19. ACKNOWLEDGEMENT BY ADPMA

Received and recorded by:

Name: _____

Designation: _____

Signature: _____

Date: ____ / ____ / _____

Official Seal

IMPORTANT LEGAL & PROFESSIONAL NOTICE

This Code of Conduct is an internal professional and membership framework of ADPMA. It does not create, replace or override any statutory law, professional council regulation, government rule, licence condition, registration requirement or order of a competent authority.

Each member remains individually responsible for ensuring that his/her qualifications, registrations, licences, permissions and professional activities comply with the laws and regulatory requirements applicable to the member.

ADPMA membership shall not be represented as a government licence, statutory registration, government recognition, accreditation, medical practice authorization or qualification recognition.

ADPMA reserves the right to amend its Code of Conduct, Membership Rules and related procedures from time to time in accordance with its governing documents and applicable law.

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