



महाराष्ट्र अक्युपंकचर परिषद, मुंबई Maharashtra Council of Acupuncture

202, 2nd Floor, Administrative/ Superintendent office Bldg,
Cama and Albless Hospital, Mahapalika Marg, Mumbai 400 001
Tel. : 022-22620376 | Email : mahacucouncil@gmail.com | Web : www.mahacucouncil.org



जा. क्र. मअॅप/अध्यापक अर्ज व ऑनलाईन शुल्क/५५२ /२०२५

दि. १४/०८/२०२५

सुचना



प्रती,
सर्व अक्युपंकचर व्यवसायी,

विषय : -राज्यातील नोंदणीकृत वैद्यक व्यवसायी आणि अक्युपंकचर व्यवसायी यांच्या
कडून अक्युपंकचर विषयातील अध्यापक मान्यतेसाठी अर्ज मागविण्या बाबत.
संदर्भ:- महाराष्ट्र अक्युपंकचर परिषदेचे पत्र क्र. मअॅप/अध्यापक अर्ज/५५१/२०२५ दि.
१३/०८/२०२५

महाराष्ट्र अक्युपंकचर परिषदेच्या उपरोक्त अल्पसुचनेद्वारे परिषदेने राज्यात मान्यता दिलेल्या
संस्थांमध्ये अक्युपंकचर पदविका पाठ्यक्रम शिकविण्यासाठी नोंदणीकृत अक्युपंकचर व्यवसायी
कडून अध्यापक मान्यतेसाठी अर्ज मागविले आहे. अर्जाचा नमुना सोबत जोडण्यात आला आहे.
इच्छुक नोंदणीकृत अक्युपंकचर व्यवसायींना कळविण्यात येते कि, त्यांनी सोबतच्या जोडलेल्या
नमुन्यातील अर्ज दि. २०/०८/२०२५ पर्यंत परिषदेने निश्चित केलेले शुल्क रु. १०००/- ऑनलाईन
प्रणाली द्वारे अदा करून त्यांची पावती अर्जासोबत जोडून परिषदेस सादर करावी.

➤ शुल्क भरण्याची ऑनलाईन पध्दत-

- Go to www.mahacucouncil.org council website >> Home Page >> See the right hand side **services tab** and click to **Application for Teacher**
- Enter the MCA No. >> check the Name and registration Number >> click to submit & pay Rs.1000/-
- Proceed to payment >> select your payment mode >> pay the payment>> take the Receipt Print

(नारायण नवले)

प्रबंधक,

महाराष्ट्र अक्युपंकचर परिषद, म.रा.



महाराष्ट्र अक्युपंचर परिषद, मुंबई Maharashtra Council of Acupuncture

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Ref. No.: MAP/Teacher Application and online payment / 552 /2025

Date: 14/08/2025

Notice

To,
All Acupuncture Professionals,

Subject: Inviting applications from registered medical practitioners and acupuncture professional for recognition as faculty in the subject of Acupuncture.

Reference: Maharashtra Council of Acupuncture Letter No. MAP/Teacher Application/551/2025 dated 13/08/2025

Vide above short notice from` the Maharashtra Council of Acupuncture, the Council has invited applications from registered Acupuncture professional for approval as teacher to teach the Acupuncture Diploma Course in institutions recognized by the Council in the state. A format of application form is enclosed herewith. It is hereby informed to the interested registered acupuncture professionals that they should submit their applications by 20/08/2025, along with the prescribed fee of Rs. 1000/- paid through the online system, and attach the payment receipt with the application before submitting it to the Council.

➤ Process of online payment for teacher application –

- Go to www.mahacucouncil.org council website >> Home Page >> See the right hand side **services tab** and click to **Application for Teacher**
- Enter the MCA No. >> check the Name and registration Number >> click to submit & pay Rs.1000/-
- Proceed to payment >> select your payment mode >> pay the payment>> take the Receipt Print

Sd/-

(Narayane Navale)

Registrar

Maharashtra Acupuncture Council, Maharashtra State

FORMAT FOR APPLICATION

Photograph

To
The Registrar
Maharashtra Council of Acupuncture
Mumbai.

Sub: Application for recognition as a teacher in Acupuncture Therapy.

Sir,

As per Notification published on Council website. I, the undersigned would like to inform that, I fulfill required eligibility criteria for recognition of teacher in Acupuncture. My details are as below.

1. Name: _____
2. MCA No: _____ 3. Council Registration number: _____
4. Address with Mobile No. a) Residential Address: _____
b) Clinic Address: _____
5. Date of Birth: _____
6. General Qualification: _____
7. Qualification in Acupuncture: _____
8. Place of practice: _____
9. Years of practice in a) Acupuncture Therapy _____ years b) Modern Medicine _____ years
10. Teaching experience-a) Modern Medicine _____ years b) Traditional Acupuncture _____ years
11. Name of teaching institution: _____
12. Brief information about practice in acupuncture in 500 words: _____

13. Specialization in- a) Modern Medicine _____
b) Acupuncture _____

I hereby undertake to state that whatever information given above is true. You are therefore requested to grant me approval as a modern medicine/Traditional Acupuncture teacher in the state of Maharashtra.

Thanking you

Yours sincerely

(_____)
Name and signature of candidate

Date:

Place:

(All educational and Exp. Certificate are attached herewith.)