



All India Naturopathy & Yoga Education Council

SECTION 8 LICENCE NUMBER 117138

BRANCH MANAGER / AUTHORIZED REPRESENTATIVE AGREEMENT

This Agreement is executed on **20 March 2026**

BETWEEN

All India Naturopathy and Yoga Education Council, having its Registered Office at **Ch. No.157/1, Near Laxmi Nagar Metro Station Gate No.1, Vikas Marg, Delhi - 110092**, represented by its **Director, Dr. Nayab Fatma**, hereinafter referred to as the "**Council**" (which expression shall, unless repugnant to the context or meaning thereof, include its successors, administrators, and assigns).

AND

Dr. Shibu T, 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 "**Branch Manager / Authorized Representative.**"

Branch Office Address:

No. 4/55, Peruvilai Main Road,
CSI Church, Kizha Peruvilai,
Peruvilai P.O., Kanyakumari District,
Nagercoil, Tamil Nadu - 629003.

The above address shall function as the **Branch Office of the Council for the Southern Region** under the supervision of the Branch Manager / Authorized Representative.

The Council and the Branch Manager shall collectively be referred to as the "**Parties.**"

1. APPOINTMENT

The Council hereby appoints **Dr. Shibu T** as its **Branch Manager / Authorized Representative** for the purpose of promoting, coordinating, and facilitating activities related to **Naturopathy and Yoga Education** under the banner of the **All India Naturopathy and Yoga Education Council**.

The Branch Manager shall act as an authorized representative for expanding the **educational, promotional, and administrative activities** of the Council within the assigned territorial jurisdiction.

2. TERRITORIAL JURISDICTION

The Branch Manager shall represent and operate on behalf of the Council within the following regions:

- Tamil Nadu
- Kerala
- Karnataka



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- Andhra Pradesh
- Telangana
- Union Territory of Puducherry
- **Andaman and Nicobar Islands**

The Branch Manager shall not represent the Council outside the above-mentioned regions without prior written approval of the Council.

3. SCOPE OF WORK AND RESPONSIBILITIES

The Branch Manager shall perform the following duties and responsibilities:

- Promote and facilitate **student admissions, registrations, certifications, and institutional affiliations** for Naturopathy and Yoga related courses under the Council.
- Act as a **liaison and coordination authority** between the Council and educational institutions, wellness centers, naturopathy institutes, training centers, and students.
- Collect, verify, and compile **applications, supporting documents, and academic records** from applicants and forward them to the Council through official communication channels.
- Organize and coordinate **seminars, conferences, workshops, training programs, and awareness activities** related to naturopathy and yoga education.
- Ensure that all activities conducted under the Council's name maintain **professional integrity, transparency, and compliance** with Council policies.
- Maintain proper records of **applications, admissions, institutional communications, and financial transactions**, and submit reports to the Council when required.

4. FEE COLLECTION AND REVENUE SHARING

The Branch Manager is authorized to collect **service fees, registration fees, affiliation fees, and other charges** from students, institutions, or clients related to Council services.

The collected fees shall be distributed between the Parties in the following ratio:

- **60% share to the Council**
- **40% share to the Branch Manager** as administrative and operational service charges.

The Branch Manager shall ensure:

- Proper documentation of all financial transactions
- Transparency in financial dealings
- Timely transfer of the Council's share of fees to the **official account designated by the Council**.

5. CODE OF CONDUCT

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The Branch Manager agrees to:

- Uphold the **ethical standards and professional reputation** of the Council
- Avoid any **misrepresentation, fraud, or misuse** of the Council name, logo, or authority
- Conduct all activities in accordance with **Council policies, guidelines, and applicable laws**
- Maintain **honesty and transparency** with students, institutions, and stakeholders

6. NON-EXCLUSIVITY

This Agreement **does not grant exclusive rights** to the Branch Manager.

The Council reserves the full right to appoint **additional representatives, coordinators, or branch managers** in any region if required for the growth and expansion of the Council.

7. TERM AND VALIDITY

This Agreement shall remain valid **until terminated by either Party by giving 30 (thirty) days written notice** to the other Party.

The Agreement may be **renewed or extended with mutual written consent** of both Parties.

8. TERMINATION

The Council reserves the right to terminate this Agreement **with immediate effect** in the following situations:

- Misuse of Council authority, name, or designation
- Financial irregularities or non-transparent dealings
- Violation of Council policies or ethical standards
- Any activity that damages or may damage the reputation of the Council

Upon termination, the Branch Manager shall **immediately stop using the Council name, logo, authorization letters, and any official documents issued by the Council.**

9. CONFIDENTIALITY

The Branch Manager shall maintain **strict confidentiality** of all Council records including:

- Student data
- Institutional agreements
- Registration records
- Internal communications

Such information shall **not be disclosed to any third party without prior written approval from the Council.**



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10. DISPUTE RESOLUTION

Any dispute arising out of this Agreement shall be resolved **amicably through mutual discussion between the Parties.**

If the dispute remains unresolved, the matter shall fall under the **jurisdiction of the competent courts located in Delhi, India.**

11. ACCEPTANCE OF TERMS

By signing this Agreement, both Parties confirm that they **have read, understood, and agreed** to all the terms and conditions mentioned above.

For All India Naturopathy and Yoga Education Council

Name: **Dr. Nayab Fatma**Designation: **Director**DIN No.: **08636665**Date: **20/03/2026**

Signature: _____

Branch Manager / Authorized Representative

Name: **Dr. Shibu T**

Signature: _____

Date: _____

WITNESSES

Witness 1

Name: **Divya Tiwari**

Signature: _____

Witness 2

Name: **Reeta**

Signature: _____



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