Electro H	omoeopathic Medical Association of India
	INSPECTION FORM "C"
(To be filled up and submitted t	to EHMAI by Seller of Medicine seeking Certification)
To be filled up by EHMAI	To be filled up by Inspector
Inspection No:	Date of Inspection:
File No:	Name of Inspector
То,	
The Secretary	
Electro Homoeopathic Medical Ass State Council	sociation of India
Subject: Application for Ce	rtification of Seller of Electro Homoeopathic Medicines.
	of
	Name of Applicant
	Name of Firm
hereby apply for Certification as a s	eller of Electro Homoeopathic Medicines on the premises situated at
	Address
the sail of Electro Homoeopathic Medic	ines shall be made under the personal supervision of Shri/Shrimati/Kumari
	l by Cash / Demand Draft vide No Date Date
drawn in the fovour of Electro Homoeop	pathic Medical Association of India Payable at Delhi/ New Delhi.
	Yours Faithfully

Dated

Signature of Applicant

electro Homoeopathic Medical Association of India

INSPECTION FORM "B"

(To be filled up and submitted to EHMAI by Course Conducting Institution seeking approval)

To be fined up by Ernvir a	To be filled	up	by	ehmai	
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Inspection No:

File No:

To be filled up by Inspectors				
Date of Inspection:				
Name of Inspectors	1-			
	2-			

GENERAL INFORMATION

SI.		To be filled up	Specified remarks
No.		by the Institution	of Inspectors
		(1)	(II)
1A	Name of the Institution:	(1)	()
	Complete Postal Address		
	Postal Pin Code No		
	S.T.D. Code		
	Telephone No		
	Mobile No.		
1	E-mail		
В	Status of the Sponsor body		
_	a) Society		
	b) Trust		
	c) Any other		
	(Attach documentry evidence)		
2	Name of the Sponser body		
1			
1	Complete Postal Address		
1			
1	Postal Pin Code No		
	S.T.D. Code		
	Telephone No Mobile No.		
	E-mail		
3	Name, Designation		
	and Address of		
	person to be		
	Contacted		
1	S.T.D. Code		
	Telephone No		
	Office		
	Residence		
	Mobile No.		
1	E-mail		
L			

	Page 2					
4	Name and Address of similar other Institutions located nearest to the Institution with distance in Km. i) ii) iii) iii) v)	Distance in Km.	Telephone No			
5	Intending to start the Course i)Year of Inception/ Proposed Date of starting ii) Number of students appeared or to be appeared					
6	Date of Last Inspection (if any)					
7	Approval Status Name of the Course/Courses	Approved upto (if any)	Details of Course of S Attached	tudy	Remarks of Inspectors	
8	Name and Address of the Sponsored & Affiliated Institutes Attach List					
9	Probable Date of the examination	Theor	У		Practical	

Signature of the competent authority

Signature of Inspector(s)

1

2

Date:

electro Homoeopathic Medical Association of India

INSPECTION FORM "B"

(To be filled up and submitted to EHMAI by Course Conducting Institution seeking approval)

To be fined up by Ernvir a	To be filled	up	by	ehmai	
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Inspection No:

File No:

To be filled up by Inspectors				
Date of Inspection:				
Name of Inspectors	1-			
	2-			

GENERAL INFORMATION

SI.		To be filled up	Specified remarks
No.		by the Institution	of Inspectors
		(1)	(II)
1A	Name of the Institution:	(1)	()
	Complete Postal Address		
	Postal Pin Code No		
	S.T.D. Code		
	Telephone No		
	Mobile No.		
1	E-mail		
В	Status of the Sponsor body		
_	a) Society		
	b) Trust		
	c) Any other		
	(Attach documentry evidence)		
2	Name of the Sponser body		
1			
1	Complete Postal Address		
1			
1			
1	Postal Pin Code No		
	S.T.D. Code		
	Telephone No Mobile No.		
	E-mail		
3	Name, Designation		
	and Address of		
	person to be		
	Contacted		
1	S.T.D. Code		
1	Telephone No		
	Office		
	Residence		
	Mobile No.		
1	E-mail		
L			

	Page 2					
4	Name and Address of similar other Institutions located nearest to the Institution with distance in Km. i) ii) iii) iii) v)	Distance in Km.	Telephone No			
5	Intending to start the Course i)Year of Inception/ Proposed Date of starting ii) Number of students appeared or to be appeared					
6	Date of Last Inspection (if any)					
7	Approval Status Name of the Course/Courses	Approved upto (if any)	Details of Course of S Attached	tudy	Remarks of Inspectors	
8	Name and Address of the Sponsored & Affiliated Institutes Attach List					
9	Probable Date of the examination	Theor	У		Practical	

Signature of the competent authority

Signature of Inspector(s)

1

2

Date:

Selectro Homoeopathic Medical Association of India

INSPECTION FORM "A"

(To be filled up and submitted to EHMAI by an Instructional Institution seeking approval)

To be filled up by EHMAI

Inspection No:

File No:

To be filled up by Inspectors Date of Inspection: Name of Inspectors 1-

2-

GENERAL INFORMATION

SI.		To be filled up	Specified remarks
No.		by the Institution	of Inspectors
		(1)	(II)
1A	Name of the Institution:		(,
	Complete Postal Address		
	Postal Pin Code No		
	S.T.D. Code		
	Telephone No		
	Mobile No.		
	E-mail		
В	Status of the Sponsor body		
_	a) Society		
	b) Trust		
	c) Any other		
	(Attach documentary evidence)		
2	Name of the Sponsor body		
	r i i i i i i i i i i i i i i i i i i i		
	Complete Postal Address		
	Postal Pin Code No		
	S.T.D. Code		
	Telephone No		
	Mobile No.		
	E-mail		ļ
3	Name, Designation		
	and Address of		
1	person to be Contacted		
1	Contacted S.T.D. Code		
1	S.T.D. Code Telephone No		
	Office		
	Residence		
	Residence Mobile No.		
	E-mail		
	E-IIIdli		

		Page 2				
4	Name and Address of other Institutions located nearest to the Institution with distance in Km. i) ii) iii) iii) v)	Distance in Km.	Telepho	one No		
	Intending to start the Course i)Year of Inception/ Proposed Date of starting ii) Number of students proposed to be admitted					
6	Date of Last Inspection (if any)					
7	Approval Status Name of the Course/Courses	Approved up to	Intake	Actually A	dmitted	Remarks of Inspectors
8	Name and Address of the Examining body Attach Affiliation Letter					
9	Probable Date of the examination	Theor	у			Practical

Signature of Head of the Institution

Signature of Inspector(s)

1

2

Date:

Page 3 ACCOMODATION

C!	ACCOMODATION						
SI.		To be filled u	•	Specified remarks			
No.		by the Institut	ion	of Inspectors (II)			
1	Building	(I)		(")			
	a) Rental/Own						
	b) If Rental mention Plan						
	for having your own						
	Institution building and						
	proposed date of occupation						
	c) Total Floor area of the						
	Building						
	d) Proof of pussession of	Submitted/ Not Su	Inmitted				
	Building		billiteu				
	e) Whether any course other						
	than Electro Homoeopathy						
	is conducted in the same						
	premises						
	f) If Yes, Give details						
2	Details of Floor area Provided	Recommended	Provided				
		Area Sq.ft.	Area Sq.ft.				
	i) Office	150					
	ii) Principle Room	150					
	iii) Class Room	150					
	iv) Laboratory						
	a) Anatomy	300					
	b) Physiology	300					
	c) Pathology	300					
	d) Library	300					
	e) Staff Room	300					
	f) Toilet	12x3					
	g) Comman Room	Desirable					
	h) Store Room	Desirable					
	i) General Store cum						
	Stationary Room	Desirable					
	j) Canteen	Desirable					
	k) Botnical Garden	Desirable					
	l) Hostel	Desirable					
	m) Play Ground	Desirable					
Ļ	n) Musium	Desirable					
3	Hospital						
	a) Indoor	10 Beded					
	O. P. D.	Desirable					

Signature of Head of the Institution

Signature of Inspector(s)

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1

2

2

Date:

Page 4 PERSONNEL

Faci	alty Position						
		To be filled up by the Institution			Specified remarks of Inspectors		
	Principle's/H. O. D.'S Name Qualification Experience	(I)				(II)	
2	Other Teaching Staff					I I	
si. No.	Name of Faculty	Designation	Qualificat	lion	Registration Number	n Experienc If any	Date of Joinig
3	Non Teaching / Supporting Staff						
si. No.	Name of Staff	Designation	Qualification	Nature of Work	Experience If any	Date of Jo	oinig
Tota	No. of Faculty / Staff excluding Pi	rinciple Full Time : Part Time :					
	Signature of Head of the Institution				Signature of Inspector(s) 1		
					2		

Date: