



# 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 filled up by EHMAI

To be filled up by Inspectors

Inspection No:

Date of Inspection:

File No:

Name of Inspectors 1-

2-

### GENERAL INFORMATION

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

4	Name and Address of similar other Institutions located nearest to the Institution with distance in Km. i) ii) iii) iv) 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 Study Attached	Remarks of Inspectors
8	Name and Address of the Sponsored & Affiliated Institutes Attach List			
9	Probable Date of the examination	Theory		Practical

Signature of the competent authority

Signature of Inspector(s)

1

2

Date:

Date: