



Electro Homoeopathic Medical Association of India

INSPECTION FORM "D"

(To be filled up and submitted to EHMAI by Processing 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:

To,
The Secretary
Electro Homoeopathic Medical Association of India

State Council

.....
.....

Subject : Application for Certification of Processing of Electro Homoeopathic Medicines.

Sir,

I/We..... of

Name of Applicant

.....

Name of Firm

hereby apply for Certification as a processing of Electro Homoeopathic Medicines on the premises situated at

.....
.....

Address

Name of Electro Homoeopathic Medicines to be processed (Give Details with Reference)

Names, Qualifications and Experience of Technical staff employed for processing and Testing of Electro Homoeopathic Medicines.

The application should be accompanied by a Plan of Premises, List of Medicines & Names, Qualifications and Experience of Technical staff.

The prescribed Fee of Rs. Paid by Cash / Demand Draft vide No. Date Bank.....

drawn in the favour of Electro Homoeopathic Medical Association of India Payable at Delhi/ New Delhi.

Yours Faithfully

Dated

Signature of Applicant