



# Electro 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

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 documentary evidence)	
2	<b>Name of the Sponsor 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 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 proposed to be admitted				
6	Date of Last Inspection (if any)				
7	Approval Status Name of the Course/Courses	Approved up to	Intake	Actually Admitted	Remarks of Inspectors
8	Name and Address of the Examining body Attach Affiliation Letter				
9	Probable Date of the examination	Theory			Practical

Signature of Head of the Institution

Signature of Inspector(s)

1

2

Date:

Date:

**ACCOMODATION**

Sl. No.		To be filled up by the Institution (I)		Specified remarks of Inspectors (II)
1	<b>Building</b> 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 Building e) Whether any course other than Electro Homoeopathy is conducted in the same premises f) If Yes, Give details	Submitted/ Not Submitted		
2	<b>Details of Floor area Provided</b> i) Office ii) Principle Room iii) Class Room iv) Laboratory a) Anatomy b) Physiology c) Pathology d) Library e) Staff Room f) Toilet g) Comman Room h) Store Room i) General Store cum Stationary Room j) Canteen k) Botnical Garden l) Hostel m) Play Ground n) Musium	<b>Recommended Area Sq.ft.</b> 150 150 150 300 300 300 300 300 12x3 Desirable Desirable Desirable Desirable Desirable Desirable Desirable Desirable Desirable Desirable	<b>Provided Area Sq.ft.</b>	
3	<b>Hospital</b> a) Indoor O. P. D.	10 Beded Desirable		

Signature of Head of the Institution

Signature of Inspector(s)

1

2

Date:

Date:

**PERSONNEL****Faculty Position**

	To be filled up by the Institution (I)	Specified remarks of Inspectors (II)
Principle's/H. O. D.'S Name Qualification Experience		

**2 Other Teaching Staff**

Sl. No.	Name of Faculty	Designation	Qualification	Registration Number	Experience If any	Date of Joinig

**3 Non Teaching / Supporting Staff**

Sl. No.	Name of Staff	Designation	Qualification	Nature of Work	Experience If any	Date of Joinig

Total No. of Faculty / Staff excluding Principle

Full Time :

Part Time :

Signature of Head of the Institution

Signature of Inspector(s)

1

2

Date:

Date: