



Electro Homoeopathic Medical Association of India

INSPECTION FORM "C"

(To be filled up and submitted 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

To,
The Secretary
Electro Homoeopathic Medical Association of India
State Council

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

Sir,

I/We of
Name of Applicant

.....
Name of Firm

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

.....
Address

the sale of Electro Homoeopathic Medicines shall be made under the personal supervision of Shri/Shrimati/Kumari

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



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

Inspection No:

File No:

To be filled up by Inspectors

Date of Inspection:

Name of Inspectors 1-

2-

GENERAL INFORMATION

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

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:



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

Inspection No:

File No:

To be filled up by Inspectors

Date of Inspection:

Name of Inspectors 1-

2-

GENERAL INFORMATION

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

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:



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	Name of the Institution: Complete Postal Address Postal Pin Code No S.T.D. Code Telephone No Mobile No. E-mail	
B	Status of the Sponsor body a) Society b) Trust c) Any other (Attach documentary evidence)	
2	Name of the Sponsor body Complete Postal Address Postal Pin Code No S.T.D. Code Telephone No Mobile No. E-mail	
3	Name, Designation and Address of person to be Contacted S.T.D. Code Telephone No Office Residence Mobile No. E-mail	

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:

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: