

To,

Dated: ____/____/____

The Chairman,
Electro Homeopathy Medical Council Of India ,
Main road, Daryaganj
New Delhi – 110002

Respected Sir/Madam,

We intend to affiliate our school/collage with EHMCI, Delhi ,
Therefore, we are submitting this application form along with all relevant documents and certify that we
have very well understood our responsibilities and the implications of the scheme. We also undertake to
follow all the instructions, regulations & terms and condition issued by the Council from time to time and
provide quality education to fulfill the aims and objective of the Council.

Name of Institution Society/Trust

Address:

City:District:State:

Pin Code:

Phone/ Mobile No. with STD code:

Signature

Head of the Institution/Authorized Person with Seal

Note: This letter must be typed / photocopies on the letterhead of the Institution and attach at the top
of application form.



ELECTRO HOMEOPATHY MEDICAL COUNCIL OF INDIA

Autonomous Body Registered Under Govt. Of India



AFFILIATION FORM

DETAILS OF THE INSTITUTION

Name of the Institution:

Name of the Director/Chairman:Year of Establishment.....

Address:

City:District:State:

Pin Code:

Phone/ Mobile No. with STD code:

Fax No. : E-mail id:

Website address if any:

INFRA STRUCTURAL DETAILS OF THE INSTITUTION:

Description of Rooms Area in sq. ft.

Office: Library and Reading room

Computer Laboratory :

Class Rooms:

- 1.....
2.
3.
4.

Toilets for Boys/Girls :

Facilities of Computer, peripherals and communication devices:

Number of Computers :
Number of Printers with Details of each:
Details of Internet Facilities:
Details of Faculty (attach their CV)
Details of Administrative staff

Finances:

Source of Finances :

Declaration:

On behalf of the institute _____

I _____ Son/Daughter of _____

do hereby declare that the particulars furnished above are correct to the best of my knowledge and belief and that I am prepared to undergo any punishment imposed on me if any of the particulars furnished are found to be false and misleading. I also further declare that I shall abide by the conditions, rules and regulative measures imposed by "Electro Homeopathy Medical Council Of India" from time to time for granting permission/affiliation to establish and run this institution. In future I shall never claim anywhere against board as I read out all the information related to board. If I do this shall disable me.

Signature

Head of the Institution/Authorized Person

Date: (Designation)

Place: (Seal)

Date:

Under taking

We _____

Address _____

Do hereby under take that there is no study Centre of CENTRAL SKILL DEVELOPMENT BOARD, Delhi within the radius of 5.0 km from our School/College/Institute/Madarsa.

The above statement given by us is true as per our knowledge. We will be held responsible if statement is found wrong and CSDB will take any administrative/legal action against us.

Signature.....

Name.....

Designation.....

Head of the Institution / Authorized Person