

# MATTEI ELECTRO HOMEOPATHIC MEDICAL COUNCIL

## Application Form for Study Center

### Institution Profile

1. Name of Institution : \_\_\_\_\_
2. Type of Institution : Trust  Society  Education Institution  Pvt. Ltd.   
R & D Organization  Others \_\_\_\_\_

3. Year of Establishment :

4. Full Postal Address : \_\_\_\_\_

District : \_\_\_\_\_ State : \_\_\_\_\_ Pin Code :

5. Official Communication :

Phone Number : \_\_\_\_\_ Mobile Number : \_\_\_\_\_

Whatsaap : \_\_\_\_\_ E-Mail ID : \_\_\_\_\_

6. Premises Details : Owned  Rented  7. Ready for Operations : Yes  No

8. Total Carpet Area of Institution (Sq. Ft.) : \_\_\_\_\_

9. Total Site Area of Institution (Sq. Ft.) : \_\_\_\_\_

10. Internet/Wi-Fi : Yes  No  11. Computer Available : Yes  No

12. Infrastructure Details :

| Sr. No. | Infrastructure for Training Program            | Units | Area (Sq. Ft.) | Seating Capacity |
|---------|--|-------|----------------|------------------|
| 1.      | Class Rooms                                    |       |                |                  |
| 2.      | Library (Total Books: _____)                   |       |                |                  |
| 3.      | Reading Room/Conference Room/Audio Visual Room |       |                |                  |
| 4.      | Administrative Area                            |       |                |                  |
| 5.      | Trainer Room                                   |       |                |                  |
| 6.      | Service Area                                   |       |                |                  |
| 7.      | Other _____                                    |       |                |                  |

13. Details of Course that you are interested to offer through MEHMC :

| Sr. No. | Proposed Course | Expected No. of Admission |
|---------|-----------------|---------------------------|
| 1.      |                 |                           |
| 2.      |                 |                           |
| 3.      |                 |                           |
| 4.      |                 |                           |
| 5.      |                 |                           |

(Use separate sheet, if necessary)



#### 14. Teacher and Other Staff Teaching Department Details:

Enclosed separate List of all Trainers and other Staff Members in following format :

( Name | Father's Name | Date of Birth | Gender | Academic Qualification | Professional Qualification | Experience (Teaching & Non-Teaching both) | Designation | Aadhar No. | Paste Recent Photograph in Passport size )

#### Director Profile

1. Name : \_\_\_\_\_
2. Designation : \_\_\_\_\_
3. Gender: Male  Female  4. Qualification : \_\_\_\_\_
5. Experience : \_\_\_\_\_
6. Photo ID Proof: Aadhar Card  Voter ID  PAN Card  Passport

Latest Colour  
Photograph in  
Passport Size of  
the Proposed  
Principal/  
Director

#### **DECLARATION**

We certify that the particulars furnished above or in the preceding pages are true to our best of our knowledge and express our willingness for an inspection to assess the infrastructural facilities, qualified staff etc. We declare that the Organization will abide by all the rules and directions of Mattei Electro Homeopathic Medical Council (MEHMC) given from time to time. In case of any information furnished by us is found wrong or incomplete in any regard, we shall be the responsible for any decision taken by MEHMC. I hereby confirm that I will regularly visit/login website namely [www.electropathic.edu.in](http://www.electropathic.edu.in) and any information relevant will be received by me from above-said website. Further, I will never claim any information officially or unofficially in hard copy and email. Therefore, only I will be responsible for all types of consequences, if I don't visit/login the said website.

I have carefully read and understood all the guidelines, specifications and other information published by the MEHMC on the Website [www.electropathic.edu.in](http://www.electropathic.edu.in) In case of any disputes or for any unforeseen issue(s) or issues not covered in the guidelines, specifications and other information published by the MEHMC, the decision of the MEHMC shall be final and binding on me and all other concerned. I agree that the MEHMC reserves the right to withdraw any location or any Discipline/Programme or its nomenclature at any time without assigning any reason and to make modifications in any information published anywhere whenever deemed necessary.

In the event of any disputes between the parties, which are not covered at the arbitration clause, the courts of Bhagalpur shall have exclusive jurisdiction.

Date : \_\_\_\_\_

\_\_\_\_\_  
*Specimen Signature of the Proposed Principal/Director*

\_\_\_\_\_  
*Seal & Signature of the Head of the Organization*