

Indian Homoeopathic Research Centre (IHRC)

A Subsidiary of IHMA

www.ihma.in/ihrc.html

Form II C

Application for Accreditation of Clinic/Hospital/Institution

- 1) Name of the Applicant :
- 2) Professional Qualifications :
- 3) Medical Reg No: and Name of
Medical Council/Registrar :
- 4) Membership ID in IHMA :
- 5) Name of parent IHMA Chapter :
- 6) Name & Address of the Institution :
- Address for communication :
- 7) Detailed description of location
and the rout to the premises. :
- 8) Details of money remitted :

I Dr..... inform you that my clinic/hospital/institution is eligible for IHRC accreditation and request you for a formal inspection for the same. I also hereby declare that the information furnished above is true to the best of by knowledge and belief and understand that I forfeit the eligibility for accreditation and the application fee if anything found contrary to the above.

Place :

Date :

Signature:

Counter Signature of SWC/NWC member: