

INDIAN COUNCIL OF ELECTRO HOMEOPATHY & PARAMEDICAL SCIENCE

AN AUTONOMOUS COUNCIL REGISTERED UNDER GOVT. U.P Daud Plaza, Opp. Christian PG College, Golaganj, Lucknow Pin. 226018 U.P E.Mail: icehps71@gmail.com, Website: www.icehps.com. Ph. 7983817277

Affiliation Form				
Coor	dinator Details:			
2	. Name □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□			
6	. Qualification			
3	Name of Institution Year of Establishment Type of Institution Postal Address District Pin State Type of Institution Trust Society State District Pin			
6	a. Phone No Details. b. Mobile No C. E-Mail			
8	. Premises Owned □ Rented□ . Total area (in sqft) □□□□ . Internet Type Leased Line □ Broadband □ Dial-up □ Available Resources Generator LCD Player □ Photo copier □			

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11. Enclose separate list of all staff member in following format

S.No	Name	Qualification	Gender	Experience	Specialisation	Full/Part
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12. Infrastructure Details

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(Use separate Sheet if required)

13. Number of Admissions Expected

S.No	Course	No. of Admission	S.No	Course	No. of Admission
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Declaration

I 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. I will abide by all the rules and regulations of ICEHPS given time to time. I am ready to work under the control of the Managing Director, ICEHPS. I shall be the responsible, in case of any information furnished by me is found wrong or incomplete.

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CV		Coordinator Signature with Seal
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Affiliation Criteria

- 1. Copy of Registered Society/Trust/Council with registration number and date.
- 2. Rental Agreement or Land registration copy to show ownership of Land
- 3. Resolution copy of trust proposed and accepted by trust/society/members in letter head.
- 4. Self-Declaration by the Coordinator in Rs. 100/- non-judicial stamp paper.
- 5. Educational Qualification of President/Chairman/Trustee/Proprietor of Society/Trust.
- 6. Copy of Driving License/Voter ID/Passport/Aadhar Card of the President/Chairman/Trustee/Proprietor.
- 7. PAN Card of the Coordinator
- 8. PAN Card of the Trust.
- 9. List of Teaching and Non-Teaching staff members.
- 10. Bio-data of all teaching Staff members.
- 11. Layout of the Institution
- 12. Route Map of the Institution
- 13. Infrastructure facilities available for smooth conducting of courses-Details
- 14. Minimum of six photos showing location, outer view and inner view of the institution.
- 15. Three Passport Size photos of the coordinator
- 16. Affiliation fees 35,000/- for five course. If the correspondent wants to conduct more than five course additional fee 3000/- would be paid for each course.
- 17. Renewal fee 10,000/- will be paid every year.
- 18. Study center will pay 5000 per year for course fee and 500 Exam fee to Indian council of Electro Homeopathy and paramedical Science Lucknow.
- 19. Application is printed letter Head is to be submitted to The Director, Indian Council Of Homeopathy & Paramedical Science Lucknow along with fee 20,000/- remaining fee will be at the time of Inspection.