

**SHRI PARMANAND NATUROPATHY SCHOOL**  
Patanjali, Arogya Kendra, Munshi Nagar Bareilly, UP  
Ph: 9368220197

**PROFORMA FOR APPLYING GRANT-IN-AID UNDER THE SCHEME OF  
TREATMENT-CUM-PROPAGATION CENTRE (Above 30 Beds Hospital)**

**A. DETAILS OF THE INSTITUTE**

1.	Name of the Institute	
2.	Full Postal address with PIN  Tel. No. with STD Code	
3.	Year of establishment	
4.	Whether run by the Registered Trust / Society / or purely private (Enclose the copy of Bye-Laws, Memorandum of Association, list of present Office bearers / Trustees and Registration Certificate)	Regn. No.  Date.
5.	Financial standing of the institute (enclose copy of the audited accounts and annual report for the last THREE years)	
6.	The past & present activities of the institute.	

**B. DETAILS OF THE HOSPITAL:**

1.	Land & building	
2.	Arrangements available for out door patients	
3.	Details of Treatment Sections	
4.	Yoga Hall, Kriya Section ttc.	
5.	Arrangements available for Indoor patients with no. of beds.	Male ward ..... Beds Female ward..... Beds Special ward..... Beds
6.	Available equipments in the treatment section	

7.	Laboratory Facility	
8.	Whether Kitchen / Diet center is available	
9.	Library Facility	No. of Books: No. of Magazines:
10.	Patients treated during the last three years	Outdoor indoor 1. 2. 3.
11.	Camps conducted during the last three years	Outdoor indoor 1. 2. 3.
12.	Other available facilities	

**C. MANPOWER DETAILS**

S. No.	Name	Design.	Age	Experi-ence (in years)	Recognized Qualifications	Joining date
1.						
2.						
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**D. OTHER DETAILS**

1.	Immediate requirements of the Institute in terms of Manpower, equipment & other (give complete justification)	
2.	Are you conducting any Diploma/ Degree/ Certificate Courses? If Yes, give details:	
3.	Whether the centre is ready to provide free or concession to the poor patients?	
4.	Any other relevant information (About activities of Naturopathy & Yoga by the Institute)	

I hereby declare that the information furnished in this application are true to the best of my knowledge & belief.

Date:

**(Signature of Head of the Institute with seal)**

**Enclosures to be produced:**

1. By-laws & Memorandum of Association
2. Registration Certificate (If it is Society)
3. Annual Report of the Institute as a whole
4. List of Technical, Non-Technical and Administrative staff
5. List of equipments available
6. List of Camps organized
7. Photos of the activities and / or the Hospital campus
8. Audited Statement of Accounts for the last Three years.