

No:

Data sheet of suspected illegal Medical Practitioners

❖ Try to give all the known details

1. Name of the suspected practitioner -

2. Address of the practice –

3. District and MOH areas of practice – District
– MOH area

4. System he/she belongs – Western Ayurvedic Homeopathic Other

5. Qualifications (e.g.; Degree) –

6. SLMC or any Registration Number –

7. Business Registration number –

8. Whether working in a Government Health institution – Yes No Don't know

9. If yes, Name of the Health Institution –

10. Opening days and hours – Days Hours

11. For how long he/she is in practice at this location –

12. Digital photograph of the location/ Name board –

13. Any comments –
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- Details of the informant

Name (Optional):

Address (Optional):

Mobile No (Optional):

Signature (Optional):

Date: