

Summary sheet of suspected illegal Medical Practitioners

IMP 4

Branch union :

Year:

District :

Serial No	Name of the practitioner	Address	Type of treatment? (Western/ Ayurvedic/ Homeopathic)	Whether employed in the Government Sector?	If yes, name of the Hospital?	Use of western Medicine reported?	Qualifications displayed?	If yes, specify?	Any registration number displayed?	If yes, mention the registration number?	Consultation hours	Any remarks

Signature of Midwife:

Date :