



MEDICINE BOARD OF ELECTROHOMEOPATHY SYSTEM OF MEDICINE

Registration Form

To

The Registrar
MEDICINE BOARD OF
ELECTROHOMEOPATHY SYSTEM OF
MEDICINE

Affix
Passport
size Photo
here

Application For Registration of Diploma in

1. Name

2. Father Name

3. Mother Name

4. D.O.B.

5. Course Duration

6. Training Period(mm/yyyy) From...../..... To...../.....

5. Permanent Address

District State PIN code.....

5. Mobile No. E-mail ID

6. Name of Training Center

7. Month & Year of Passing

8. Final Year Roll No.

Signature of Candidate

Enclosure -

- 1- Mark sheet of Training (1st & 2nd Year)
- 2- 10 and (10+2) Mark sheet & Certificate
- 3- NOC from Institute
- 4- Adhar Card

FOR OFFICE USE ONLY

1. Registration Fee
2. Receipt No. Date
3. Registration No