



# MEDICINE BOARD OF ELECTROHOMEOPATHY SYSTEM OF MEDICINE

## ENROLLMENT FORM

Enrollment no.....

**Course Applied For** .....

\* **Session -**

1. Candidate Name.....	<div>Passport Size Photo</div>
2. S/o,D/o.W/o Shri.....	
3. Mother's Name .....	
4. Date of Birth .....	
5. Sex .....	
6. Nationality .....	
7. Address .....	
8. Contact No. ....	
9. Category Gen, OBC, SC, ST, Other ( <b>Specify</b> ) .....	
10. Email Id .....	
11. Training Center-	

11. Qualification:-

S.No.	Examination	Board/University	Year of Passing	Mark Obtain	% of Marks

12. **Declaration:** - I have read and understood the rules and regulations of the MEDICINE BOARD OF ELECTROHOMEOPATHY SYSTEM OF MEDICINE I agree with that. I fulfill the eligibility condition as laid down in the prospectus. All the information furnished above by me is correct. In case anything is wrong I should be held responsible for that. I shall submit any other document(s) that may be required by the council in Future.

Date:-

Signature of Candidate

