

EXAMINATION FORM MEDICINE BOARD OF ELECTROHOMOEPATHY SYSTEM OF MEDICINE

All entries must be filled by and NA where Not applicable	the candidate him			or Yes or X for No
ENROLLMENT No.				Paste the Recent passport size photograph
ROLL No.				Attach 4 photographs
Course Applied For				
(As entered in Secondary/Senior Secondary Certificate) Signature of Candidate Name of Candidate				
Father's Name				
Mother's Name				
Date of Birth			Gender Male	Female
PERMANENT ADDRESS				
City	State		Dh No	
CityStatePh.No MobE-mail				
Name Of College				
Nationality Indian Other (Specify Country name)				
Category Gener	al C	OBC	SC	ST
S.N Course Name	Subject Code		Subject Name	
1 2				
3				
5				

6

Declaration by the Applicant

I have read and understood the rules and regulation of the council and satisfied myself that I fulfill the eligibility condition as laid down in the prospectus. I have furnished necessary information/document(s) correctly I shall submit any other document(s) that may be required in the future. I understand that my candidature is liable to be cancelled by the BOARD OF ELECTROHOMOEPATHY council of India /document(s) submitted herewith is found incorrect or misleading. Further, the council has full authority to take appropriate action which shall be acceptable to me. In further also, if any information submitted by me is found incorrect, the council has the authority to cancel the Certificate at any time.

to cancel the Certificate at any time.	·				
Date/(DD/MM/YY)					
	Signature of Candidate (In Running Writing)				
I have Certified that the document produced and verified verified and stamped by the undersigned and are correct. details given above. I have Certified that the candidate has signed the form in respectively.	I am responsible for any discrepancies in the				
Date/(DD/MM/YY)	Signature of Head with Seal				
<u>Instructions</u>					
1. Examination form found incomplete in any circumstances cannot be accepted.					
2. Suppression of Furnishing of any false information by a candidate will lead to immediate cancellation of his/her form.					
3. There is no refund any circumstances.					
4. Please attach 10 th Certificate with Examination Form and fill form according to 10 th Certificate.					
STUDENT COPY					
Name of Candidates					
Father's Name	Affix recent				
Mother's Name					
Postal Address					
Pin Code					
Phone No.					

Signature of Candidate