CERTIFICATE FORM

ROLL.NO (FINAL YEAR) | | | | | | | ENROLLMENT.NO | | | | | | |

Indian Electro Homoeopathic Medicine Board

Nagpur, Maharashtra (INDIA)

International Accurate Certification CERTIFIED ISO 9001:2015 CERTIFIED

www.iehda.org | Email. iehda.india@gmail.com

COURSE: B.E.M.S (FINAL YEAR) / M.D.E.H (FINAL YEAR) | | YEAR OF PASSING | | | | |

TO,

THE REGISTRAR

INDIAN ELECTRO HOMOEOPAPHIC MEDICINE BOARD,

NAGPUR (M.S.)

1. Name of Candidate in English Block Letters. (As Per High School Certificate)

Aadhaar No.

2. Father's Name in English Block Letters.

3. Mother's Name in English Block Letters.

4. Date of Brith 5. Nationality

6. Address for Correspondence / Permanent.

Pin. No. Mobile. No.

7. Name of Medical College/Institution

8. Details of Examinations Passed : (Attested Photo Copy Should be enclosed)

Sr. No.	Name of Examinations	Name of Board/ Council/Institution	Roll No./ Enrol No.	Year of Passing	Marks obtained/ Full marks	Division
1.	B.E.M.S. (FINAL YEAR)					
2.	M.D.E.H. (FINAL YEAR)					

DATE. . . . . Signature of the Candidate Signature of the Principal

FOR OFFICE USE ONLY

S.NO. . . . . ROLL NO. . . . . ENROL NO.. . . . . B.E.M.S/M.D.E.H

PROVISIONAL/PERMANENT DEGREE ISSUE DATE . . . . . .

Signature of the Candidate Signature of Center In-Charge Registrar