EXC	arritriati	on for	rrı		
Course			Year		
	NOCOPULIU MEUL Iaharashtra (INDIA) india@gmail.com	ine Board	ISO 9001	2015 (S)	
Roll. No.	Enrollment. No.				
To, The Registrar Indian Electro Homoeopathic Medicine Nagpur, Maharáshtra (INDIA) 1. Name of Candidate in Er		s. (As Per High	i School Certif	(icate)	
Aadhaar No.	- ROEC	PAF, N	7		
2. Father's Name in Enalish	h Block Letters.				
3. Mother's Name in Englis	h Block Letters.				
		III R			
4. Date of Brith		5	Nationality		
6. Address for Corresponde	ence/Permanent	1.			
Pin. No.	Mobile	No.			
7. Name of Medical College	e/Institution OMP	LEXIS			
8. Details of Examinations	Passed: (Attested	l Photo Copy SI	hould be enclo	sed)	
Sr. Name of Examination	S Name of Board/ Council/Institution	Roll No./ Enrol No.	Year of Passing	Marks obtained/ Full marks	Division
1. High School					
2. Intermediate					
3. BEMS/I/II/III/Final Ved	ar				

Date