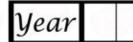
## INTERNSHIP FORM Year





## Indian Electro Homoeopathic Medicine Board



www.iehda.org

Email. iehda.india@gmail.com

Nagpur, Maharashtra (INDIA)

	,				
Roll. No.	Enrollment.	No.			
To, The Registrar Indian Electro Homoeopathic Medicine I Nagpur, Maharáshtra (INDIA) 1. Name of Candidate in En		. (As Per High	School Certif	icate)	
Aadhaar No.	NOES	PACAL			
2. Father's Name in Enalish	Block Letters.				
3. Mother's Name in English	i Block Letters.				
4. Date of Brith 6. Address for Corresponde	nce/Permanent.	. / 5	Nationality		
	AGPIII				
Pin No	01-6:6-4				
Pin. No.	Mobile. 3				
7. Name of Medical College,	/Institution				
8. Details of Examinations	Passed : (Attested	Photo Copy Sh	ould be enclo	sed)	
Sr. 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	1				
3. Other's					

Date . . . . . . .