

# APPLICATION FOR MEMBERSHIP OF DOCTORS' ASSOCIATION

(UNDER CLAUSES -3&4/ I.E.H.D.A.)

I.E.H.D.A. REGISTRATION. NO												DATE OF ISSUE						
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## Indian Electro Homoeopathic Medicine Board

Nagpur, Maharashtra (INDIA)



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

<b>M.B.E.H./B.E.M.S. (FINAL YEAR)</b>	<b>M.D.E.H. (FINAL YEAR)</b>
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TO,  
THE REGISTRAR  
INDIAN ELECTRO HOMOEOPATHIC MEDICINE BOARD,  
NAGPUR (M.S.)

1. NAME OF THE APPLICANT (FULL IN BLOCK LETTERS) AS PER HIGH SCHOOL CERTIFICATE

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Aadhaar No.

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2. FATHER'S NAME IN ENGLISH BLOCK LETTERS.

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3. MOTHER'S NAME IN ENGLISH BLOCK LETTERS.

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4. DATE OF BIRTH

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5. NATIONALITY

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6. PERMANENT ADDRESS.


PIN. NO.

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MOBILE. NO.

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7. NAME OF MEDICAL COLLEGE.

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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/M.B.E.H. (FINAL YEAR)					
2.	M.D.E.H. (FINAL YEAR)					

Date .....

Signature of the Candidate

Signature of Center In-Charge

Registrar