APPLICATION FOR REGISTRATION AS ELECTRO HOMOEOPATHIC MEDICAL PRACTITIONER
(UNDER CLAUSES -3$4/ IEHMB)

REGISTRATION NO		DATE OF ISSUE	

Indian Electro Homoeopathic Medicine Board

Nagpur, Maharashtra (INDIA)

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

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

To,
The Registrar
Indian Electro Homoeopathic 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.	HIGH SCHOOL					
2.	INTERMEDIATE					
3.	PRE-B.E.M.S./F.M.E.H/D.E.M.S.					
4.	B.E.M.S./M.B.E.H. I					
5.	B.E.M.S./M.B.E.H. II					
6.	B.E.M.S./M.B.E.H. III					
7.	B.E.M.S./M.B.E.H. FINAL					
8.	M.D.E.H FINAL					
9.	OTHER,S					

Date . . . . . .

Signature of the Candidate Signature of Center In-Charge Registrar