

# Indian Electro Homoeopathic Medicine Board



Nagpur, Maharashtra (India)

ENROLMENT CARD (Year: .....)



**B.E.M.S. I / M.D.E.H. I / Professional**

Roll No: ..... Enrol. no: .....



1. Name (in Block Letter): .....
2. Aadhaar No: .....
3. Father/Husband's Name: .....
4. Mother's Name: .....
5. Permanent Address: .....
6. Name of Institution: .....

Signature of the Candidate

Signature of Center In-Charge

Registrar

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