# ENROLMENT FORM

| COURSE: | D.E.M.S. I/Final, Year..... | B.E.M.S. I/II/III/Final, Year..... | M.D.E.H. I/Final Year..... |
|---|---|---|---|

# Indian Electro Homoeopathy Medical Council, U.P.

PHOTO

| CENTRE CODE NO. | | | ROLL NO. | | | | | ENROL NO. | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

Specimen Signature.

To,
Registar
Indian Electro Homoeopathy Medical Council, U.P.

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 | | | | | |

Signature of the Candidate..... Signeture of the Centre In-charge.....

REGISTRAR