Examination 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					
3.	BEMS/I/II/III/Final Year					

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

REGISTRAR