INTERNSHIP FORM

CENTRE CODE NO.			ROLL NO.					ENROL NO.				

Indian Electro Homoeopathy Medical Council, U.P.

PHOTO

COURSE:	B.E.M.S (FINAL YEAR) / M.D.E.H (FINAL YEAR)		YEAR OF PASSING				

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

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

FOR OFFICE USE ONLY

S.NO.. . . .. . ROLL NO. . . . . .ENROL NO.. . . . . .B.E.M.S/M.D.E.H

Internship Period From ---------- TO ---------- Date Of Issue.----------

REGISTRAR