

COUNCIL OF ELECTRO HOMOEOPATHIC SYSTEM OF MEDICINE UP.



To,
 The Registrar,
 Council of Electro Homeopathic System of Medicine, Uttar Pradesh
 127/446 'S' Vinoba Nagar Juhi Depot, KANPUR -208014 (U.P.) INDIA

Subject : Application for the Registration as Electro Homoeo Medical Practitioner

Sir,

I beg to apply for registration as Electro Homoeopathic Medical Practitioner. The required informations are given below.

I assure to abide with all the rules and regulations, informations & amendment/alterations of the Council if any, during my Registration.

1. Name of the Applicant

(in Block letters).....

2. Father's/Husband's Name (Full)

(in Block letters)

3. Address

.....

4. Qualifications

Educational Medical/Additional

5. Detail of Examination Passed :- .

Sr. No.	Name of the Course	Roll No.	Enrol No.	Marks Obtained	Division	Session	Name of Institution

Place

Dated

Signature of the Applicant

FOR OFFICE USE ONLY

Receipt No Date Amount Sig. of Receiving Enclosure (s)

Authority

Registration No

Date

Registrar