



Council of Electro Homoeopathic System of Medicine Kanpur U.P.

NAME OF COURSE YEAR.....

CENTRE/COLLEGE NAME.....

To,

THE REGISTRAR,

Council of Electro Homoeopathic System of Medicine, U.P.
127/446, 'S' Block, Juhi Depot, Kanpur-208014 (U.P.) INDIA

Sir,

Permission is sought to be appeared in the ensuring above course examination to be conducted by the Council of Electro Homeopathic System of Medicine U.P. Kanpur. I will abide by all the rules and regulations, amendments there in from time to time, decision and directions from the Council and Registrar. The Examination and all other request fee of Rs. duly sent by Bank Draft / M.O. as enclosed.



Signature of Applicant

Note :- Certifying authority is requested see that all columns are duly filled in by the applicant.

- 1. Name (In Block Letters).....
2. Father's/Husband's Name (In Full).....
3. Date of Birth (In Words).....
in figure.....
4. Permanent Address.....
5. Local Address.....
6. Occupation.....Phone/Mobile.....Married/Unmarried.....

DETAILS OF THE EXAMINATION PASSED

Table with 5 columns: Sl. No., Name of Examination, Year, Division, Examining Body

FOR COUNCIL OFFICE USE ONLY

Roll No. Total Fee..... Amount due.....
Enrollment No..... A/c Receipt No.....
Centre Date.....
Certified that application of Mr./Mrs./Miss.
is accepted/objected/rejected or appear in the Examination 2 2



(Duly filled in by the applicant)
COUNCIL OF ELECTRO HOMOEOPATHIC SYSTEM OF MEDICINE, U.P. KANPUR
ADMISSION CARD
Roll No. Enrolment No. Examination 2.....2.....
Certify that Mr./Mrs./Miss.
is hereby allowed to appear in the Examination
Centre

Council of Electro Homoeopathic System of Medicine, U.P. Kanpur
Desk Slip
Examination 2.....2.....
Roll No.
Enrolment No.....
Name.....
Centre.....
Registrar