ELECTRO HOMEOPATHY MEDICAL COUNCIL OF INDIA

Registered under the Societies Registration Act XXI of 1860

Form No. _____ **Session** _____

Application for admission to _____ Code _____

(To be filled by the Board Office)

Enrolment No. ☐☐☐☐☐☐☐ Centre Code: ☐☐☐☐☐☐

Centre Name: _____

Centre Address: _____

_____

(To be filled by the student)

Space for passport size photograph duly, self attested,

1. Name of the Student in Capital Letters

2. Father's Name

3. Mother's Name

4. Aadhar No.

5. Date of Birth **6.** Sex **7.** Nationality **8.** Religion

M /F ☐

9. Tick Here: **(i)** Stream: Arts ☐ Commerce ☐ Non-Bio ☐ Bio ☐

(ii) Caste : SC ☐ ST ☐ OBC ☐

10. Postal Address

Pin Code

11. Phone No. Mobile No.

12. E-mail

13. Details of qualifying Examination:

Name of the Qualifying Exam	Year of Passing	Board/ University	Roll Number	Marks obtained	Percentage

14. Course Selected:

1. | | | | | | | | | | | | | | | | | | | | | | | |

15. DETAILS OF FEES PAID

Amount: | | | | | Date: | | | | | | | | |

16. Documents to be enclosed (i) Passposrt Size Photograph (ii) Copy of qualification (iii) Aadhar Card

Note : (i) Form should be filled in with Black ball pen only.

DECLARATION

1. I certify that the particulars and documents submitted by me are true to the best of my knowledge and my admission gets cancelled if any of these is found false at any stage
2. I am also aware with regard to EHMCI in detail and taking admission being fully satisfied and declare that in future I will not claim anything from the Council on any reason and not even through any legal process.
3. I am also aware that all disputes, if any shall come under the jurisdiction of Delhi courts only.
4. I am aware and admit that fee deposited will not be refundable and cannot be claimed at any point of time.

Signature of the Parents/Guardian

council Signature of the Student

Date : | | | | | | | | | Place : | | | | | | | | |