



# 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)

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

M/F

7. Nationality

8. Religion

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

Space for  
passport size  
photograph  
duly, self attested,

