



I. B. E. M. NEW DELHI

(Indian Board of Electrohomoeopathic Medicine)

(Duly Registered by the Govt. of Delhi An Autonomous Scientific Organization)

EHP System Authorised by :- Ministry of Health & F. W., Govt. of India

For Promotion, Development & Research

Vide No: V.25011/276/2009-HR Dtd. 05.05/2010

Membership Application Form

MEMBERSHIP NO. -----

DATE -----

Dr. Name

Father's/Husband's Name

Date of Birth

Full Permanent Address

.....

Attach 4
Photographs
one should be
pasted here.

State Pin Code

Clinic Address

.....

State Pin Code

Phone No.

Basic Qualification 10th 12th other

Medical Qualification Board

Board Regd. No.

I am sworn statement that any diploma I have submitted while taking membership in the institution is not fake if the degree is found to be fake in any investigation. So I will be responsible for it myself, the institution and the police administration will have full right to take action against me.

Signature of Candidate

Official Seal

Signature of President