



I.B.E.M- NEW DELHI-94

Indian Board of Electro-Homoeopathic Medicine, New Delhi (Regd. With. NCT of Delhi Govt.)
EHP, System authorised By: Ministry of Health & F.W., Govt. of India (Promotion Development & Research)

REGISTRATION FORM

D.E.H.M. / B.E.M.S./M.D. (EH)

Application Form For 'A' / 'B' Grade Registration Certificate (DEHM / BEMS / (MD. EH) Qualified Students)

1. Applicant's Full Name.....
2. Applicant's Father's/Husband name.....
3. Date of Brith of the Applicant.....
4. Full Permanent Address with Pin Code Number.....

.....
.....State.....Pin.....

Contact No.....

5. Qualifications of the Applicant.
 - (a) Basic Qulifications : 10th, 12th, Other.....
 - (b) Medical : DEHM / BEMS / (MD. EH)
 - (I) Roll NO.....
 - (II) Name of Institute : I.B.E.M New Delhi / Other.....
 - (III) Year of Passing of (Attach Marks-Sheet/Diploma Certificates & Basic Qualifications)

6. Registration Fee Rs.is being Deposited.

7. I.....S/D/W/O.....
do hereby solemnly affirm and declare that the details furnished above are true to the best of my knowledge.
I Further agree that my registration is liable to be cancelled if any incorrect information is furnished by me.

Dated :.....

Signature of the Applicant
(Full)