



# EXAMINATION FORM

S.No.....

## ELECTRO HOMOEOPATHIC & ALTERNATIVE MEDICINE BOARD

Session Dec/ June..... Course:-D.E.H.M, M.D.E.H & B.E.M.S. (1st, 2<sup>nd</sup> & Final Year)

All entries must be filled by the candidate himself/herself in CAPITAL letter. Put ✓ for Yes or x for No and NA where Not applicable in the box. The Examination Form Contain Two Pages

ENROLMENT No.

(Leave Blank)

ROLL No.

(Leave Blank)

Course Applied

For

Paste the Recent passport size photograph Attach 4 photographs

(As entered in Secondary / Senior Secondary Certificate)

NAME OF CANDIDATE

Sign. Of Candidate

FATHER'S NAME

MOTHER'S NAME

DATE OF BIRTH

GENDER MALE

FEMALE

PERMANENT ADDRESS

City \_\_\_\_\_ State \_\_\_\_\_ Ph.No. \_\_\_\_\_

Mo. \_\_\_\_\_ E-mail \_\_\_\_\_

MAILING ADDRESS

City \_\_\_\_\_ State \_\_\_\_\_ Ph.No. \_\_\_\_\_

Mo. \_\_\_\_\_ E-mail \_\_\_\_\_

NAME OF COLLEGE

NATIONALITY

Indian

Other

\_\_\_\_\_ (Specify Country name)

CATEGORY

General

OBC

SC

ST

SUBJECTS/PAPER TO WHICH CANDIDATE APPEARING

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Details of previous Examination Passed From Other Board/ University (Enclose Duly Attested / Self Attested Photocopy of a previous year passed Marksheet)							
S.No	Name of Exam	Roll No.	Year of Passing	Marks Obtained	Name Of Board	Pass/ Fail	percentage

**Declaration by the Applicant**

I have read and understood the rules and regulation of the university and satisfied myself that I fulfill the eligibility condition as laid down in the prospectus. I have furnished necessary information / document(s) correctly I shall submit any other document (s) that may be required in the future. I understand that my candidature is liable to be cancelled by the **ELECTRO HOMOEOPATHIC & ALTERNATIVE MEDICINE BOARD** / document (s) submitted herewith is found incorrect or misleading. Further, the Board has full authority to take appropriate action which shall be acceptable to me. In future also, if any information submitted by me is found incorrect, the Board has the authority to cancel the Certificate at any time

**Date** \_\_\_/\_\_\_/\_\_\_ (DD/MM/YY)

Signature of a Candidate  
(In Running Writing)

Certified that the document produced and verified by the student, as given above, have been re-verified and stamped by the undersigned and are correct, I am responsible for any discrepancies in the details given above.

Certified that the candidate has signed the form in my presence.

Date \_\_\_/\_\_\_/\_\_\_ (DD/MM/YY)

**Signature of head**  
**With seal**

**Instructions**

1. Admission form found incomplete in any circumstances cannot be accepted.
2. Suppression or Furnishing of any false information by a candidate will lead to immediate cancellation of his/her form.
3. There is no refund of fees under any circumstances.

Name of Candidate \_\_\_\_\_

Father's name \_\_\_\_\_

Mother's name \_\_\_\_\_

Postal Address \_\_\_\_\_

Pin Code \_\_\_\_\_

Phone No. \_\_\_\_\_

Affix recent  
Passport size  
photo

Signature of a Candidate