



# ELECTROHOMEOPATHIC & ALTERNATIVE MEDICINE BOARD

Under the C.M.M.E.O

Regd. By Govt. of NCT Delhi Adm. Govt. Of India

All India Basis.

Electro Homeopathic Edu. & practice valid by Ministry of health & F.W Govt. of India

Order No. V.25011/276/2009-HR Dated 05-May-2010

No.R-14015/25/96 U & H(R) (Pt) 25-Nov-2003 Ministry of Health Govt. of India

## APPLICATION FORM

TO,

**THE REGISTRAR  
ELECTROHOMEOPATHIC & ALTERNATIVE MEDICINE BOARD**

Affix 2 Recent  
Passport size  
Photograph

Name (Block Letter).....

Father's Name.....

Date of Birth..... Qualification .....

Address.....

.....

Clinic at.....

..... Contact No.....

Name of Diploma ..... Enrolment No.....

Year of Passing.....

### These Documents Must Be Attached:-

1. Attested Photo Copy of All Mark sheet.
2. Diploma Photocopy.
3. Internship Certificates Photo Copy (Not Less Than Six Months)
4. Three Passport Size Photographs
5. Registration Fee: - Rs. ....
6. Attach 2 Past Port Size photo.

### Declaration

I solemnly declare that the above - mentioned facts are correct to that best of my Knowledge and belief.

Applicant Signature

Certified that candidate is benefited student of..... Institution/  
College and above information is correct he/she has signed in my presence.

Signature of Principal with Seal

Registration No..... Date of Issue.....

Name of Candidate..... W/o, D/o, S/o.....

Address.....

SIGN OF REGISTRAR