



# 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,

**14. Course Selected:**

1.

**15. DETAILS OF FEES PAID**

Amount:

Date:

**16.** Documents to be enclosed (i) Passposrt Size Photograph (ii) Copy of qualification (iii) Aadhar Card

**Note :** (i) Form should be filled in with Black ball pen only.

**DECLARATION**

1. I certify that the particulars and documents submitted by me are true to the best of my knowledge and my admission gets cancelled if any of these is found false at any stage
2. I am also aware with regard to **EHMCI** in detail and taking admission being fully satisfied and declare that in future I will not claim anything from the Board on any reason and not even through any legal process.
3. I am also aware that all disputes, if any shall come under the jurisdiction of Delhi courts only.
4. I am aware and admit that fee deposited will not be refundable and cannot be claimed at any point of time.

Signature of the Parents/Guardian

Signature of the Student

Date :

Place :