

FOR OFFICE USE ONLY

Rcpt. No..... Date.....Centre No: Issuing Date

Signature of issuing Authority



Board of Electro Homoeopathic Medicine, Uttar Pradesh

8- Lal Bagh, Kamla Sharma Marg, Lucknow-226001

E-mail:- registrarbehmup@gmail.com

(APPLICATION FORM FOR STUDY/GUIDANCE CENTRE)

To,
The Registrar
Board of Electro Homoeopathic Medicine , Uttar Pradesh
Lucknow



Sir,

Please allow me/us a Study/Guidance centre for F.M.E.H.(Two Years), A.C.E.H. (One Semester) Programme

I/We assure to abide with all the rules, regulations and amendments there in from time to time, decision and directions from the Board and Registrar

The required information is given below:

1. Name of the applicant
- (In Block Letters)
2. Father's/ Husband's Name
3. Date of Birth
4. Permanent Address
5. Present Address
6. Academic Qualification
8. Medical Qualification
9. Registration No
10. Police Station.....Post Office.....Pin Code No:.....
- Phone No. Mobile No. E-mail

I do hereby declare that the statement given above is true, correct and to the best of my knowledge.

Place

Date

Signature & proper seal of applicant, if any