EXAMINATION FORM

(FOR OFFICE USE ONLY)

Receipt No..... **Amount Rs. .....** **Date .....**

Enrollment No: ..... **Roll No .....**

APPLICATION FORM FOR EXAMINATION

Affix a Recent Photograph Please do not Staple

....

(Name Examination) **(Year/ Semester)**

(Specimen Signature)

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

Sir,

Permission is sought to be appeared in the ensuing examination of the .....20 to be conducted by the Board of Electro Homoeopathic Medicine U.P. Lucknow.

I will abide by all the Rules, Regulations and amendments therein from time to time decision and directions from the Board and Registrar.

The Examination fee of Rs. ..... duly attached with Bank Draft No .....

Bank ..... Branch ..... dated .....

1 Name of Applicant (IN CAPITAL)

2 Father's Name

3 Mother's Name

4 Date of Birth **Date** **Month** **Year**

5 Address

Pin Code No.

Police Station **State**

Mobile No. E-mail id .....

6 Details of Examination Passed : **(Attested Photo Copy of Marksheets should be enclosed)**

Name of Course	Year	Roll No.	Enrollment No	Name of Institution

I have checked his/her all documents. To the best of of my knowledge, statement given in this form are true and he/she has signed before me He/ She is completing all requirement to appear in Board's Examination

Signature & Proper seal of Institue/ Study Centre/ Centre Incharge