



Council of Electro-Homoeopathy system of Medicine

Mohali

Appl No.

Application Form For Enrolment As a Student of The Council

STUDENT'S PERSONAL INFORMATION (PLEASE FILL IN BLOCK LETTERS)

1. Name

2. Roll No (For Office Use Only) : 3. Punjab Other State

4. Date of Birth 5. Sex Male Female
(As per Marks Card)

6. Course

7. Institute Name 8. Admission Cycle

9. Mother's Name

10. Father / Guardian's Name

11. Postal Address of Applicant

City State Pin Code

12. Contact Numbers (with STD code) Mobile

13. Category Tick (✓) box SC ST OBC GEN OTH

14. Qualifying Examinations Passed

Stamp Size Photo

Candidate's Signature

Examination Passed	Board / University	Reg. No. & Year of Passing	Marks Obtained	% of Marks	Grade

PLACE :

DATE :

Signature of the Applicant