



# Council of Electro - Homoeopathy System of Medicine (PB.)

## ENROLLMENT CERTIFICATE

N.B. All entries that of enrollment should be filled

Candidate Enrollment No. \_\_\_\_\_ Course \_\_\_\_\_ Name \_\_\_\_\_

Son/Daughter of \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

College/Place \_\_\_\_\_ Enrolled as student of this council at the number given above.

Affix Recent  
Passport Size  
Photo

Enclosures: Photocopy of Mark Sheet duly attested by Gazetted Officer and Programme Co-ordinator

1. Mark Sheet of last Qualifying exam passed for verification of Minimum Eligibility.

2. High School Certificate (10th Level) or mark sheet for date of birth verification.

**DECLARATION:** I hereby that I have read the council website [www.paramedicalcouncil.com](http://www.paramedicalcouncil.com) and understood that council running this course only for human resource & development not for any other purpose. Recognition subject to the outcome in SLP NO 1899 of 2012. I have read the conditions of the eligibility for the programme for which I seek admission. I fulfill minimum eligibility criteria and I have provided necessary information in this regard. In the event of any information being found incorrect or misleading, my candidate shall be liable to cancellation by the Council at any time and I shall not be entitled to refund of any fee paid by me to the Para Medical Council (Pb.) Mohali and institute.

Registrar

Para Medical Council (Pb.)

Mohali.

Sign. of the Principal

Sign. of the Candidate



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