



COUNCIL OF ELECTRO - HOMOEOPATHY SYSTEM OF MEDICINE (PB.)

MOHALI

ADMIT CARD

Roll No.	
Name of Course	
Name of Student	
Father's Name	
Mother's Name	
Date of Birth	
Name of the Institute/Centre	

Affix Recent
Passport Size
Photo

Signature of the Student

Registrar Signature

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MOHALI

STATEMENT OF EXAMINATION ATTENDANCE

Affix Recent
Passport Size
Photo

Roll No.	
Name of Course	
Name of Student	
Father's Name	
Mother's Name	
Date of Birth	
Name of the Institute/Centre	

Signature of the Student

Sr.No.	Date	Subject	Signature of the student	Signature of the invigilator
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Please Send the Statement of Attendance with the Answer sheets of the Examination