



Board of Electro Homoeopathic Medicine, Uttar Pradesh

Friends Colony Bhogipura Ward Shahganj Agra-282010

E-mail:- contact@behm.in

(APPLICATION FORM FOR STUDY/GUIDANCE CENTRE)

To,
The Registrar
Board of Electro Homoeopathic Medicine , Uttar Pradesh
Agra.

Affix
Photo here

Sir,

Please allow me/us a Study/Guidance centre for 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. Aadhar NoPost 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

FOR OFFICE USE ONLY

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

Signature of issuing Authority