REGISTRATION FORM
(FOR OFFICE USE ONLY)

"PROFORMA-A"
(Under Clause - 31)

Affix a Recent
Photograph
Please do not
Staple

(Specimen Signature)

To,
The Registrar
Board of Electro Homoeopathic Medicine
Uttar Pradesh
8- Lal Bagh, LUCKNOW

Subject : Application for Registration as Electro Homoeopathic Practitioner

Sir,
    I beg to apply for registration as Electro Homoeopathic Practitioner; This is in accordance with the requirement of clause 31 sub clause I, II, III &IV of the Articles of the Board. The required Information are given below:
    I assure to abide by all the Rules, Regulations, Informations and amendments / alterations of the Board, if any during my registration.
    The Registration fee of Rs. .... duly attached with Bank Draft No ....

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

1 Name of Applicant
   (IN CAPITAL)

2 Father's/Husband's
   Name

3 Mother's Name

4 Date of Birth   Date ☐☐   Month ☐☐   Year ☐☐☐☐

5 Address

Police Station   State   Pin Code No.

Mobile No.   E-mail id ....

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

(I) **Academic** ————————————————————————————

(ii) **Medical** ——————————————————————————————

(iii) Other (if any) ————————————————————————————

Declaration by the Applicant

I do hereby declare that I have read and understood the conditions of eligibility of Registration I fulfill the minimum eligibility criteria and I have provided with necessary information in the regard. In the event of any information found incorrect false or misleading. My registration shall be liable to cancellation by the Board/ Registrar at any time and shall not be entitled to avail the facilities and for refund of any fee paid by me to the Board.

Date ....
Place ....

                                   Signature of the Applicant