Govt. Registration No. 1/IV-9

गुरूकुल शिक्षा मण्डल उत्तर प्रदेश

Gurukul Shiksha Mandal Uttar Prades

Reg. By MSME ,NITI AAYOG ,NCT DELHI

Application Form For Examination

Name Of Examination :- ……..… **Year/Semester :-…….**

Affiex Photo Here

Sig. Applicant

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

Sir,

Permission is sought to be appeared in the ensuing examination of the 20 to be conducted by the Board of Electro Homoeopathic Medicine U.P. Agra.

I will abide by all the Rules, Regulations and amendments therein from time to time decision and directions from the Board and Registrar.

The Examination Fee of Rs. …… Payment Recipet No. ……

The required information is given below:

1. **Name of Applicant :- ……**
2. **Father's/Husband's Name:- ……**
3. **Mother's Name :- ……**
4. **Date of Birth :- …….…… Addhar No:- ……..……..**
5. **Permanent Address:-……..……..**
6. **Present Address:- ……..……..**

   District :- …… Pin Code :- ……..……
7. **Contact No:- ……..……**

Date:-…… **Sig. of Applicant**

For office use only

Rcpt. No…… Amount Rs. …….. Date: …… Enrollment No: ……

Signature of issuing Authority