



# Mattei Electro Homeopathic Medical Council

For the Promotion, Research and Development of Electro Homeopathy

Central Office : Block-21, Near Shri Singh Sabha Gurudwara, Central Market, Kalyanpuri, Delhi-91

Registered Office : Gangaghat Narayanpur, District- Bhagalpur, Bihar – 853203

Application Form for Registration Certificate (B.E.M.S/M.B.E.H/G.E.M.S/M.D.E.H/P.G.E.M.S Qualified Students)

1. Applicant's Full Name : .....
2. Father's/Husband's Name : .....
3. Date of Birth : .....
4. Full Permanent Address : .....  
.....  
.....  
..... Pin Code : .....
5. Correspondence Address : .....  
.....  
.....  
..... Pin Code : .....
6. Qualifications of the Applicant
  - a.) Educational : .....
  - b.) Medical Edu. : .....
    - i) Certificate Number : .....
    - ii) Certificate Issue Date : .....
    - iii) Name of Institute : .....
    - iv) Year of Passing : .....

\* Attach Marks-Sheet & Certificates
  - c.) Other Particulars/ Previous Registration, if any : .....
7. Registration Fee Deposite Rs : .....

Attach 4  
Photographs  
one should be  
pasted here.

## Declaration

I ..... S/D/W/o ..... do hereby solemnly affirm and declare that the details furnished above are true to the best of my knowledge. I further agree that my registration is liable to be cancelled if any incorrect information is furnished by me.

Note : The students are required to apply for registration within the year from the date of issue passing certificate failing which Rs. 1000/- will be charged as late fee. The registration certificate requires to be renewed in the intervals of every 3 years.

Date : .....

Place : .....

Full Signature of Applicant