

ANNEXUE-1



ANNEXURE-1

APPLICATION FORM FOR AFFILIATION

To,
The Registrar,
Indian Electro Homeopathic Medical Council ,
New Delhi.

Admn. Office : 16/29 Civil Lines, Kanpur-208 001

Subject : Application for the affiliation of

.....

.....

Sir,

I hereby request your honour to affiliate my Institute/ pharmacy/
Hospital/Centres with your council.

I promise to abide by the rules & regulations of the Council which
have been read by me & also promise to abide any such amendment which
are introduced by the Council from time to time.

The relevant particulars of my Institution/Pharmacy/ Hospital/ Centre
are enclosed herewith.

Place:

Dated:

Yours faithfully

Enclosures:-

1. List of Management Committee
& Registered Society
2. Pass Resolution for Instt./Centre
Establishment
3. Building & Site Plan.
4. Draft of Processing & Affiliation fees.

ANNEXUE-2

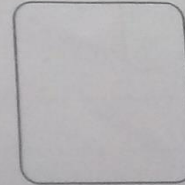


ANNEXURE-2

**Name of the Institute
Application for Admission**

To,
The Principal

.....
.....



Sir,

Please enroll me as student of (name of the Institute) for the course of in

1. Name of applicant (in block letters)
2. Father's/Husband's Name
3. Address (Local)
4. Permanent Address
- Ph. No. Mobile No. Email
5. Occupation Sex
6. Caste
7. Date of Birth (in figure)
8. Academic Qualification
- Professoinal
9. No. of testimonials and certificates submitted..... Married/Unmarried.....
10. In case of schedule caste/tribe the following certificates should be enclosed
.....
.....
11. Guardian's Name & Address
- Whether in Govt. Service or not

I do hereby declare that the particulars given above are correct to the best of my knowledge and belief that I shall abide by all rules and regulations of the Institute.

Place: Recommendation of Selection Committion

Dated:

Signature of Applicant

ANNEXUE-3



Enrolment Form

ANNEXURE-3

To,
The Registrar,
Indian Electro Homeopathic Medical Council,
New Delhi.



1. Name in Full (in block letters)
2. Father's/Husband's Name (in full)
3. Address
- Present
- Permanent
4. Date of Birth in Christian Era
5. Qualification

S.No.	Name of Degree/Diploma/Certificate	Year of Passing	Div.	University/Board/Institution

I hereby declare that the above mentioned information are correct to the Best of my knowledge.

Dated:

Signature of Applicant

Indian Electro Homeopathic Medical Council , New Delhi.

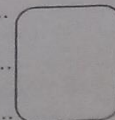
ACKNOWLEDGEMENT ENROLMENT

Notified that Mr./Mrs. Km

Enrolled as a student of

Vide No.

Date :



Registrar

ANNEXUE-4



ANNEXURE-4

Indian Electro Homeopathic Medical Council, New Delhi.

Application Form for Examination

To,
The Registrar,
Indian Electro Homeopathic Medical Council,
New Delhi.



Sir,

Permission is sought to be appeared in the ensuing Examination of the
..... to be conducted by the Indian Electro Homeopathic Medical Council,
New Delh. I will abide by all the Rules & Regulations, Amendments therein from time
to time decisions and directions from the Council and the Registrar.

Date :

.....
Signature of the Applicant

1. Name in Full (in block letters)
2. Father's/Husband's Name (in full)
3. Date of Birth (in Figure) Occupation
4. Address
- Present
-
- Permanent
5. Details of Examination Passed
-
-

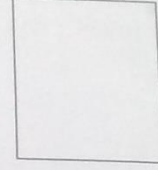
NOTE : ATTESTED TRUE COPY OF EACH CERTIFICATE BE ATTACHED WITH THIS FORM.

<p>Indian of Electro Homeopathic Medical Council, New Delhi DESK SLIP Examination Name of the Candidate Mr./Mrs./Km. Roll No..... Enroll No.....</p>	<p>Indian of Electro Homeopathic Medical Council, New Delhi ADMISSION CARD Roll No. Enroll No..... Examination Certificate that Mr./Mrs./Km. Is hereby allowed to appear in the Examination Registrar</p>
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ANNEXUE-5



CENTRAL REGISTRATION FORM



To,
The Registrar,
I.E.H. Medical Council, New Delhi (India)
Admn. Office : 16/29, Civil - Lines
Kanpur-208 001

Sir,

I beg to apply for Registration as Electrohomeopathic Practitioner. This is in accordance with the requirements of the Council. The required informations are given below.

I assure to abide with all the rules & regulations, information & amendments alteration of the council. If any, during my Registration.

1. Name of the Applicant
2. Father's/Husband's Name
3. Address
4. Qualification.....5. Date of Birth.....
6. Name & full address of the Electrohomeopathic Institution attended with the joining & leaving.....
7. Name & full Degree / Diploma / Certificate in Electrohomeopathy obtained with the Name of University/Board/Council/Faculty/Examining Body/Corporation/Institution (Submit Photo State of Certificate also).....
8. Whether he/she has undergone practical training before or after obtaining degree / diploma/certificate in Electrohomeopathy as an internee in hospital, if yes give the name of hospital?.....
9. Is he/she registered with any other Board/Council of Electro Homeopathic Medicine? If Yes, give the name of the Board / Council with number & date of registration.....

नोट: मैं आजीवन इलेक्ट्रोहोम्योपैथिक औषधियों से चिकित्सा सेवा करने हेतु वचनबद्ध हूँ। ईश्वर मेरी सहायता करे।

Date.....

Signature of Applicant

NB: Enclosed Qualification Certificates, Xerox self attested copies, DOB Certificates, ID & Resident Proof, 3pp size photographs for office use.

ANNEXUE-6



**I. E. H. Medical Council
New Delhi (India)**

Admn. Office : 16/29, Civil Lines
Kanpur - 208 001

**Application For Renewal Of
Registration**

Name of Applicant

Fateres/Husband Name

Address

.....

Regd. No. Date

Renewal For

Renewal Fee Rs. Cash/Bank draft

No. Dt.

Date

Signature

ANNEXUE-7

COUNCIL OF ELECTRO HOMEOPATHIC SYSTEM OF MEDICINE, DELHI

(REGD BY GOVERNMENT)

Delhi State Office: G-137, New Seelampur, Delhi-110053
Mob: 9599460822 E-mail: delhistateoffice2@gmail.com



REGISTRATION FORM

Name.....

FATHER'S / HUSBAND'S NAME.....

ADDRESS.....

DATE OF BIRTH..... AGE.....

PLACE OF BIRTH.....

QUALIFICATION GENERAL :..... EHP.....

CERTIFICATE NO.....

NAME OF THE INSTITUTE :.....

YEAR OF PASSING.....

DURATION OF THE COURSE

Internship conducted at

Herewith I have enclosed a DD for Rs. 5000/- (five thousand only) registration of my name in the Council. I will abide by the rules and regulations of the council.

Date :

Place :

Signature

NB: Enclosed Qualification Certificates, Xerox self attested copies, DOB Certificates, ID & Resident Proof, 3pp size photographs for office use.

ANNEXUE-8

**Indian Electro Homeopathic Medical Council, New Delhi.**

Name of Institution.....

Details of facilities available at the college to work as Centre of Examination.

Requirement

Details of the facilities available

1. Store Room
(for storing blank answer books in safe custody)
2. Iron Almirah
(for keeping the question papers sealed in tact in safe custody).
3. Examination Halls and Rooms depending on the maximum number of candidates registered at the Centre (every candidate to be provided space of not less than 25 sq. ft.). (If adequate facilities may not be available in the college building alternative arrangement may also be suggested without involving additional expenditure.
4. Persons to perform the duties of Senior Superintendent (s) and invigilators, depending on the number of Candidates registered in a Particulars session of examination.

Council Criteria:

- (a) Senior Superintendent 1
 - (b) Assistant Superintendent
(from amongst the senior teachers of the College)
Candidates 100 or below 1
Candidates between 101 & 300 2
Candidates between 301 & 500 3
Candidates between 501 & 1000 4
 - (c) Invigilators:
Ratio: 1 teacher: 20 Candidates
 - (d) Helper Invigilators:
Candidates 100 or below 1
Candidates between 101 & 300 2
Candidates between 301 & 500 3
Candidates between 501 & 700 4
Candidates between 701 & 1000 5
- * Invigilators and Helper Invigilators shall in the ordinary circumstances be the teachers of the College and in the special circumstances of other institutions. Duties of Invigilators shall include function as internal flying squad.
5. Furniture (Chair, Table/Desks etc.) for the examinees (if adequate facilities may not be available in the college, concrete alternative arrangement may also be suggested without involving any additional expenditure).
 6. Nearest Railway Station (and name of Railways)
 7. Any other information useful in the context

Date:-

Signature of the Principal

SEAL



Certificate, Diploma, Degree and Examination of other Boards, Council, Universities and Bodies recognised by the Council.

For admission to a certificate/diploma course in the faculty of Electro Homeopathy.

- 1- High School & Intermediate Examination (with Biology Group) of the Board of High School & Intermediate Education of any State in Indian republic.
- 2- High School, Higher Secondary, Intermediate Examination (with Biology Group) of an Indian University incorporated by any law for the time being in force or of any other University recognised by the University provided the candidate studies Organic Chemistry in the Intermediate Chemistry Course.
- 3- Higher School Certificate examination of Cambridge University with Medical Group.
- 4- Pre-Medical Examination of Aligarh University and Pre- Professional Examination in Medicine of B.H.U. as equivalent to Intermediate Examination (Biology Group) for admission to C.E.M.S./D.E.M.S. Course of Council.
- 5- C.E.M.S./F.M.E.H. or other E.H. Board & Councils certificate course pass candidate will be eligible for D.E.M.S/B.E.M.S.
- 6- B.E.M.S., M.B.E.H., B.M.S., L.C.E.H., B.A.M.S., B.U.M.S., M.B.B.S: or any other recognised Medical Bachelor Course will be eligible for M.D.E.H.

ANNEXUE-10

सदस्यता प्रपत्र

प्रगतिशील चिकित्सा समाचार पत्र
इलेक्ट्रो होम्यो न्यूज / मेडिकल टाइम्स

16/29, सिविल लाइन्स, कानपुर-208001 दूरभाष-0512-2304671, 9336076001

सेवा में,

चिकित्सक महोदय,
आपकी सेवा में 'इलेक्ट्रो होम्यो न्यूज' प्रेषित किया जा रहा है। यदि आप समझते हैं कि 'न्यूज इलेक्ट्रो' होम्योपैथी सहित समस्त चिकित्सकीय उपलब्धियों से हमारी सेवा कर रहा है तो 200/- अथवा 2100/- नकद या बैंक ड्राफ्ट से भेजकर वार्षिक/आजीवन सदस्य बन सकते हैं।

सेवा में,

सम्पादक
इलेक्ट्रो होम्यो न्यूज/मेडिकल टाइम्स
कार्यालय: 16/29 सिविल लाइन्स, कानपुर-208001

To,
Editor,
Electro Homeo News/Medical Times
Office: 16/29, Civil Lines, Kanpur- 208001

Self
Attested
Photographs

सेवा में,

मैं 'इलेक्ट्रो होम्यो न्यूज/मेडिकल टाइम्स' का वार्षिक/आजीवन सदस्य बनना चाहता हूँ। इसका वार्षिक 200/- अथवा आजीवन शुल्क 2100/- आपकी सेवा में प्रेषित है। कृपया मुझे वार्षिक/आजीवन सदस्य बना लें। मेरा विवरण निम्न प्रकार है।

Name

Postal Address

Landmark

District

State

Mobile No

Pin Code

(Fill above information carefully in block letters otherwise news will not be reach at your address and we will not be responsible)

Occupation.....

Annual membership ✓ X Tick

Qualification.....

Lifetime Membership Tick ✓ X

Date :.....

Signature :.....

Subscription No.

कार्यालय प्रयोग हेतु

सेवा में

आपका वार्षिक/आजीवन सदस्यता शुल्क 200/- अथवा 2100/- बैंक/ड्राफ्ट/मनीऑर्डर दिनांक को प्राप्त हुआ

आपका वार्षिक/आजीवन ग्राहक संख्या है।

कृपया पत्र व्यवहार के समय अपनी ग्राहक संख्या अवश्य लिखें।

दिनांक

कार्यालय प्रभारी