



AMETHYST

Amethyst Social and Health Institution's
AMETHYST MEDICAL COLLEGE OF ELECTRO-HOMOEOPATHY

Affiliated WITH

Scientific Institute Of Alternative Medicine & Paramedical Science Council, New Delhi.

(An Autonomous Organization, Regd. Under Indian Trust act 1882 based on the literary & Scientific Institutions act 1854, Indian Registration act 1908 & Commencement and interpretation act 1956, Govt. of India)

Recognized Enacted by

Ministry of Health & Family Welfare, Government of India, A competent Authority to impart Electropathy Education & Medical Practice

COURSE APPLICATION FORM

REGULAR / DISTANCE EDUCATION / CORRESPONDENCE

Last Date :

Form No.

Course applied for

BEMS (EH) / MD (EH)

Name in Full (In Block Letters) (नाम) _____

Father's / Husband's Name (पिता या पति का नाम) _____

Date of Birth (जन्म तिथि)

		-			-				
D	D	/	M	M	/	Y	Y	Y	Y

Sex (लिंग): Male / Female

Qualification (योग्यता) _____

Photo

Correspondence Address (In Block Letters)(पत्राचार के लिए पत्ता) _____

Pin

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Permanent Address (In Block Letters) (स्थायी पत्ता) _____

Pin

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Phone, if any (फोन, यदि हो) _____

Fax, if any (फैक्स, यदि हो) _____

E-mail, if any (ई-मेल, यदि हो) _____

Web-site, if any(वेबसाइट, यदि हो) _____

Examination : Please Tick (✓) Delhi Solapur

Language in which study material is required (भाषा जिसमें अध्ययन सामग्री चाहिए) English / Hindi

I solemnly declare that the above facts are correct to the best of my knowledge.

(मैं यह विश्वास दिलाता/दिलाती हूँ कि जो भी तथ्य मैंने लिखित रूप में वह पूर्णतः सत्य है।)

Date :

Signature of the Application (आवेदक का हस्ताक्षर)

Enclosures Required / फार्म के साथ आवश्यकताएं

1. 3 copies of Passport size photographs. 2. Attested or Xerox copies of the qualification certificate etc.

3. Fees Sent by M.O./Draft No. _____

Date _____

P.O./Bank : _____