

**Council of Electro Homoeopathic System of Medicine  
Bhopal (M.P.)**  
**Application for Registration Renewal**  
**(Undertaking D.C.E.H.S.M.)**

To,

The Registrar  
Council of Electro Homoeopathic System of Medicine  
Bhopal (M.P.)

Sir,

I beg to apply for registration of renewal.

I assure to abide with all the rules and regulations, information and amendments/alteration of the council if any, during my renewal.

Rs. 500/- (Five Hundred Only) per year renewal charges (From Due Date)

No. ..... Dated : .....

The required information are given below :-

1. Name of the applicant : .....
2. Father's/Husband's Name : .....
3. Date of Birth : .....
4. Permanent Address : .....
5. Present Address : .....
6. Qualification : .....
7. Practitioner Registration No. : .....
8. Others : .....

I do hereby declare that the particulars given above are correct to the best of my knowledge.

Place : .....

Date : .....

**SIGNATURE OF APPLICANT**