

**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 :
(if any)
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