# JAUHAR MEDICAL COLLEGE OF ELECTRO HOMEOPATHY

AFFILIATED TO COUNCIL FOR JAUHAR ELECTRO HOMEOPATHY MEDICOES
Hyderabad.(Govt. Regd. No.438)
**Head Office** : JAUHAR MEDICAL COLLEGE OF ELECTRO HOMEOPATHY
Mir Mahmood Alam Dargah Road, Pahadi, Rajender Nagar,Hyderabad.

To,
**The Director**
C.J.E.H.M
Sir,

Please Direct enroll me a student for D.H.E.M / B.E.M.S
above Course for Corresponding / Regular Course

1. **Name (in Block Letters)** _____
2. **Father's / Husband's Name** _____
3. **Occupation** _____
4. **Address / Permanent Address (If outside the city)** _____
5. **Telephone / Cell** _____
6. **Caste** _____
7. **Educational Qualification** _____
8. **Date Of Birth** _____
9. **No. of Certificate Submitted** _____
10. **Guardian;s Name & Address:** _____

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

1.D.E.H.M (Diploma in Electro Homeopathy Medicine) Eligibility : S.S.C.(Duration 2 Year)
2.B.E.M.S (Bachelor in Electro Homeopathy Medicine& System)
Eligibility :Inter (Duration 4 Years)
3.M.D(E.H): Eligibility :B.E.M.ES, B.U.M.S,
B.A.M.S,M.Sc.,M.B.B.S.,B.H.M.S.,B.Y.N.S.
(Duration 2 Years)

Place:

Signature of applicant

Date: