



इलेक्ट्रोहोम्योपैथी चिकित्सा परिषद

ELECTROHOMEOPATHY MEDICAL COUNCIL

2/320, Vidhyadhar Nagar, Jaipur - 302039

Registration Renewal Application

To,

The Registrar
Electrohomeopathy Medical Council
Jaipur

OFFICE USE

Renewal No. _____

Date _____

Sub.:- Renewal of Certificate No. _____ Dated _____

Sir/Madam,

Kindly Renew my EHCP registration Certificate No. _____

Dated _____ for next 2 years. I am including fee of Rs. _____

as DD No. _____ / Cash receipt no. _____ dated _____

Change in registered address (if any)

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POSTAL ADDRESS

Name

Add.:

.....

Pin.

E-mail :

Mobile No.

Your's Faithfully

Signature of applicant

Full Name