



KASERI MEDICAL COLLEGE OF ELECTROHOMEOPATHY

Registered & Affiliated to CJEHM State Govt. Regd No: 438 All India Govt. Regd No: 529

2nd flr, Opp. Gate No: 2 Criminal Court, Nampally, Red Hills, Hyderabad - T.S.
www.electrohomeopathy.in

ADMISSION FORM

To,
The Director,
Sir/Madam,

NO:

AFFIX PHOTO HERE

I hereby state the below details for my admission in _____ course.

Name (In Block Letters): _____

Father/Husband Name: _____

Date Of Birth : _____ Sex: _____

Telephone/Mobile : _____ E-mail: _____

Address: _____

State: _____ Nationality: _____

Academic Qualification: _____

Professional Qualification: _____

Please mention medical experience/education (if any) _____

(Attach the certificate) _____

Declaration: I hereby declare and solemnly affirm that the above mentioned details are true to the best of my knowledge and I am taking admission at my own free will. I assure to abide the rules and regulations laid by KMCEH time to time.

Signature of Guardian (If any):

Signature of the applicant:

NO:

FOR OFFICE USE ONLY

Admission Granted in _____ for the academic year _____

Authorised Signatory