

(ESTD. - 2019)

KOLKATA INSTITUTE OF ELECTRO-HOMEOPATHY কলকাতা ইনস্টিটিউট অফ ইলেকট্রো-হোমিওপ্যাথি



Run by Count Mattie Electro-Homeopathic Forum, W.B. (Regn. No. IV-160600344/2019)

(For education, promotion, awareness and development of Electro-homeopathy)

1C Charu Chandra Avenue Kolkata – 700033

| | 1C Charu Chandra Avenue, Ko | Ikata - 700033 | |
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| Form No.: | | Date: | |
| | ADMISSION FO | <u>RM</u> | |
| Name: | | | |
| Father's Name: | | | РНОТО |
| Date of Birth: | | | |
| Address: | | | |
| | | | |
| Aadhaar No: | Contact No.: | E-Mail: | |
| | | | |
| Educational qualificati | on: | | |
| Admission desired in o | course: | | |
| belief. I am well aware that it state of Rajasthan. Howevel Vide: V25011/276/2009-HR 25.11.2003 and File No. V.2 India related to practice, edu electro-homeopathy etc. The No. 23572/2009 and 299919 affidavit filed by the Unio homeopathy. I am interested admission in this institution. desired). After passing the all of study except my admit car | re that all information given above by the Electro-homeopathy is not yet recor, there is no ban on its practice, educe 2-Dated 05.05.2010). MHFW has issued 25.011/276/2009-HR dated 05.05.2010 vacation and research with regard to alter a corder of the Hon'ble Supreme Court 29/2011 by an order dated 22.01.2015 and to learn Electro-homeopathy for my order to learn Electro-homeopathy for my order dated 25.01.2015 and to learn Electro- | ognized as a system of meation and research. (Ref: d an order No. 14015/25/5 would be treated as instruernative systems of medical deciding a batch of five while noting that" in no ban on the medical wn knowledge about the same by the institution again of any loss of time or moner rules prescribed by the | redicine except in the Order Govt. of India 96-U&H (R)(Pt)dated action of the Govt. of sine like electropathy, SLPs including SLP view of the counter practice of Electropystem and hence get not the tuition fees (If ney during the course |
| Witnesses Sign. with full r Person 1: | name, Address & Contact No. | | |
| Person 2 : | | | |
| Date: | | (Signature | of the candidate) |
| Student's enrolment No.: | | (Signature | of office-in-charge) |