



C.M.E.H.F., W.B.

Mobile: 9051867658

ESTD. - 2019

(FORM 4)  
Regn. No. IV-160600344/2019

**Count Mattie Electro-Homeopathic Forum, W.B.**

**কাউন্ট ম্যাটি ইলেক্টো-হোমিওপ্যাথিক ফোরাম, প: ব:**

**1C Charu Chandra Avenue, Kolkata – 700033**

E-mail: cmehforum@gmail.com

**APPLICATION FORM FOR STUDENTS' REGISTRATION**

**Session :-**

**Full Name:**

PHOTO

**Father's / Guardians' Name:**

**Address: Permanent / Correspondence:**

**Date of Birth:**

**Contact No.:**

**E-mail: (if any):**

**Name of Institution:**

**Name of course: C.E.H.M. (Certificate in Electro-homeopathic Medicine)**

Amount of Rs. 500/- (rupees five hundred only) in cash or, consolidated demand draft in favour of "Count Mattei Electro Homeopathic Forum, West Bengal" as students registration fee will be attached with this form mandatory with the recommendation of the institutions only.

**Date:**

**Signature of Candidate**

**Signature of the Head of the institution with official seal.**

*For office use only:*

**Student Registration No.:**

**Signature of Course-in-charge,  
(C. M. E. H. F., W. B.)**