Remarks, if any (Official use only) | Application Number

ADDRESS:- NEAR HR ELECTROHOMOPATHY MEDICAL COUNCIL , DHIRANKI ROAD, HATHIN DISTT PALWAL HARYANA PIN 121103

WHATSAPP :- 9253303353

LIFECARE INSTITUTE MEDICAL SCIENCE

(AN INSTITUTION REGISTERED UNDER MINISTRY OF CORPORATE AFFAIRS GOVERNMENT OF INDIA)

ADMISSION FORM

PHOTOGRAPH

INSTRUCTIONS

1. Please read the form carefully before filling it.
2. Use only Blue or Black Pen to fill up the Form in English using CAPITAL/BLOCK LETTERS only.
3. Please keep a photocopy of the Form, before submitting, as a ready reference.
4. Incomplete Form will not be considered.

COURSE / PROGRAMME DETAILS:

Programme Name: ----------

Programme Specialization : ----------

Session /Year: ----------

PERSONAL INFORMATION (IN BLOCK LETTERS)

1. **Gender (tick)** ☐ Male ☐ Female ☐ Others Date of Birth DD - MM - YY (As mentioned in Matriculation Certificate)
2. **Name of Applicant** (As mentioned in Matriculation Certificate)
3. **Father's Name**
4. **Mother's Name**
5. **Aadhar No.**
6. **Email Id**
7. **Marital Status**
8. **Category** SC ☐ ST ☐ OBC ☐ GEN ☐ Minority ☐ EWS ☐ **In case of others Specity**
9. **Nationality** **Domicile** ☐ Manipur ☐ Other ☐ **In case of others Specity**
10. **Whether differently abled** Yes ☐ No ☐ If yes, specify

CONTACT DETAILS

Permanent Address (Don't Repeat Name)
.....
.....
City..... State ..... Pin Code .....
Permanent Mobile No. (On which all the important information to be delivered)

Parent/Guardian Name _____ Parent/ Guardian Occupation _____

Parent/Guardian Contact no. _____ Email Id _____

QUALIFYING EXAMINATION DETAILS*

Examination	Degree	Board/University	Name of School/College	Total Marks	Marks Obtained	CGPA	Year of Passing	Subject
High School								
10+2 or Equivalent								
Graduation								
Post Graduation								

* Self attested copies of certificates/marksheet should be attached.

Payment details (applicable for downloaded form only) _____

Mode of Payment	Date	Amount	Campus / Name of the Bank

DECLARATION BY CANDIDATE

I am aware that Electrohomeopathy course like DEMS , BEMS , MDEH are certificate course and all are for Research, Promotion & Development of Electrohomeopathy.

I hereby declare that all the information furnished by me are correct & best of my knowledge.

Candidate's Signature _____ Parent's/Guardian Name _____

Parent's/Guardian Signature _____ Place _____ Date _____