

Declaration by the Applicant

- I have read and understood the rules and regulation of the council and satisfied myself.
- I have furnished necessary information/ document(s) correctly. I shall submit any other document(s) that may be required in the future.
- I understand that my registration is liable to be cancelled by the Indian Council of Electro Homeopathy and Paramedical Science document submitted herewith is found incorrect or misleading. Further, the council has full authority to take appropriate action which shall be acceptable to me.
- If any information submitted by me is found incorrect, the council has the authority to cancel the Certificate at any time.

Name: -

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Father's name: -

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Mother's name: -

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Police station: - Tahsil:-

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District: - State:-

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Date _____/_____/_____(DD/MM/YYYY)

Signature of a Candidate (In Running Writing)

