N.E.H.M. OF INDIA, NEW DELHI - 58

Auth. Ministry of Health & F.W., Govt. of India

For Promotion, Development & Research of Electropathy

APPLICATION FORM FOR FNEP (INDIA)

attach 4 photographs

To,

The Registrar/ Pr. Secretary,
N.E.H.M. OF INDIA, NEW DELHI-58
Sir,

I submit the following particulars for my admission/examination in above mentioned Course. I solemnly declare that the particulars given below are correct to the best of my knowledge and belief.

SECTION -1 : PERSONAL DETAILS

1. Full Name of the Candidate (as per ID) : .....
2. Father's/Husband's Name : .....
3. Date of Birth (Certificate be attached) : .....
4. Gender (Male/ Female) : .....
5. Complete Address : H.No.....Vill./ City .....
   Po. .....Distt.....State.....
   Pin Code.....Country.....
7. Email Address : .....
8. Adhar No. : .....

SECTION -2 : EDUCATIONAL QUALIFICATION

9 A. Professional : .....
B. Medical : [ ] BEMS [ ] MD (EH) [ ] Other: .....
C. Year of passing : .....
D. Name of the Institute : .....
E. Sponsoring Institute : .....

SECTION -3 : CLINICAL EXPERIENCE

10. A. Total Clinical Experience in Electropathy (in years): _____
B. Current Clinic / Practice Name: .....
C. City & State of Practice : .....
D. (Optional) Attach Clinic Photo or Visiting Card : .....
E. Specialist in : .....

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ADMIT CARD

Name of Candidate : .....
Applying under category: [ ] MD (EH) [ ] BEMS [ ] Other
Sponsoring Institute / Examination Centre : .....
Date of Examination : .....
Enrolment No. .....

REGISTRAR
FOR NEHM OF INDIA