# Admission Form

**Index No: 04/04**

RAJLAXMI ELECTRO HOMEOPATHY MEDICAL COLLEGE & HOSPITAL

**West Masunda, New barrack pore, 24pgs (N), Kolkata -700131**, West Bengal

(Affiliated to Central Council Of Electro Homeopathic System of Medicine, W.B.)

PHOTO

To,
The Principal,
R.L.E.H. Medical College & Hospital
West Masunda, New Barrack Pore,
North 24 pgs, Kol-131, W.B.

Sub: - Application for seeking Admission for D.M.S.E.H. course.

Sir,

I am a candidate for admission in your college pursues the D.M.S.E.H. (Diploma in Medicine & Surgery in Electro-Homeopathy) course. (3 years academic & 6 months Internship). I shall strictly abide by the rules and regulations of the college.

My bio-data along with eligibility documents as required are furnished below.

1. Name of the candidate ……
2. Father's / Guardian's Nam……
3. Permanent Address……
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4. Phone No: …… 5. Nationality …….. 6. Caste: ……
7. Date of Birth: …… 8. Sex…..... 9. Qualification: ……..

With best regards,

Date ----------

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Signature of Applicant

Office Use

*Name: ……* *Roll No* ……..

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*Signature of Principal*

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*Signature of office clerk*