

HomeopathyArC

Allergy & Rheumatism Centre
Advance Research Centre
ArCade of Products



Regd Office: 45, Mahavir Nagar, Kanadia Road, INDORE. (M.P.)
www.homeopathyarc.com e-mail: homeopathyarc@gmail.com

Admission Form

Course Name:

Session : 20....

1. Name of Candidate :

2. Fathers / Husband Name :

3. Date of Birth:

4. Qualification :

5. Registration No:

6. Address :

7. Mobile no:

8. E mail ID:

9. I am sending fees Rs By DD no. Date:

Bank name:

10. Document Attached Check list:

- 2 passport size photograph.
- Demand Draft in favour of HOMEOPATHYARC, payable at Indore.

For CHD course :

Attested Xerox of Tenth Mark sheet for age proof.

Attested Xerox of Address proof.

For CME course:

Attested Xerox of final year Mark sheet.

Attested Xerox of Registration of Homeopathic council

11. Declaration:

I solemnly declare that the above facts are correct to the best of my knowledge.

I will abide all the rules & regulations of HomeopathyArC, Indore.

Date:

Signature:

Place:

Name:

Photo