



THE HEALTH EDUCATION & RESEARCH COUNCIL OF INDIA

Incorporated under the legislation of Govt. of india, New Delhi

Council Examination Form

Annual Mode

Course.....

Enroll. No.
(for office use only)

Photo
attested by
Principal/
Director

Semester Mode

Course.....

Enroll. No.....
(for office use only)

Instructions :

(i) Particulars to be filled in by the candidate eligible in his / her own hand writing. (ii) Candidate's name and his/her father's name must be entered in boxes given below with one letter per box leaving one blank between each word or initial of the name. Full stops and commas not be used.

To,

The Registrar

The Health Education & Research Council of India

Sir,

I am submitting the following information :-

1. Name of Candidate (In Block Letters) :-

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2. Father's Name (In Block Letters) :-

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3. Date of Birth

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4. Sex :

Male / Female

5. Educational Qualification

6. Address.....

.....Ph./Fax/E-mail.....

Subject (S) Paper (S) in which the candidate is appearing

S. No.	Subject Code	Subjects
1		
2		
3		
4		
5		

DECLARATION

I declare that the particulars given are correct. I fully understand that my exam form will stand cancelled at any stage, if any information supplied by me is found to be false. I have gone through the admission requirements as laid down by the board.

Principal / Director / Institute Head Remarks :

Signature of Applicant

Certified that candidate is bonafide student of Institute / College and above information is correct he / she has signed in my presence.

Seal/Signature of Principal