

PUDUCHERRY ELECTROPATHY MEDICAL COLLEGE & HOSPITAL

(Affiliated to N.E.H.M Approved No. N/46/TN/20)

APPLICATION FORM

Bachelor of Electropathy Medicine and Surgery



Full Name of the Student :.....

Father's / Guardian's Name :.....

Father's Occupation / Annual Income :.....

Mother's/ Guardian's Name :.....

Mother's / Occupational / Annual Income :.....

Date of Birth :.....

Sex : Male/Female/Transgender Mother Tongue :.....

Address :.....

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Email Id :.....

Mobile No :..... Whatsapp No:.....

Nationality :..... Community :.....

Identification Marks :.....

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Blood Group :..... Aadhar No :.....

Ihere by acknowledge that the above mentioned details are true.

Signature Of The Applicant

Office Use :