



Approval No : N/39/TN/17

TAMILNADU ELECTROPATHY MEDICAL COLLEGE AND HOSPITAL

Affiliated to: N.E.H.M OF INDIA
(Authorised by: MH & FW, Govt. of India for PDR)

- 📍 No. 20, Muthamizh Nagar, Arapakkam, Ranipet Dist - 632517
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- ☎ + 91 8870749749



APPLICATION FORM FOR

BEMS

4 1/2 years Medical Certification program

MD (EH)

2 years Medical Certification program

Instructions

Use Permanent Marker

Please read the instruction in the prospectus before filling up this form.

Use Only "Block Letters" to fill in the application form.

Tick where you want. ☒

Encircle a code in the relevant box ☐



Choice of the course applied for

Respected Sir,

I want to take admission in Tamilnadu Electropathy Medical College. I have read the "Terms & Conditions" of the institute mentioned in the Prospectus and given overleaf. My particulars are given below :

(In Block Letters as entered in the institute / Board Record)

[illegible]

Occupation

[illegible]

.....

Occupation

[illegible]

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Age

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[illegible][illegible]

Catagory (Encircle a code)

[illegible]STSCMBCBCOBCOC

SSLC	+2	U.G Degree	P.G Degree

Standard Studied	period	Month & Year Passing	Name of the School/ Board/University	Division % Marks
X STD				
XII STD				
Graduation				
Other				

Applicant No.1:

Applicant No. 2:

Parent/ GuardianEmail ID

DECLARATION

I hereby declare that im an Indian National and the particulars given above are correct. In the event, any information promised by me is found to be incorrect or false before / after the selection, the authority conducting the selection can cancel my candidature or admission as the case may be.

I have understood that the fee once paid is non refundable and non transferable, Even is don't attend training / class or in any case what so ever.



Date

Place

Signature of the parent / Guardian

Signature of the Candidate

OFFICE USE ONLY

Name of the Candidate :

Father's Name :

Course Applied For :

Application No :

Academic Session :

 to

Batch No :

Verified By

Signature of the Principal

OFFICIAL SEAL