### **UNDERTAKING**

| I/Mr./Miss/MrsS/D/W/o  |
|--|
| undertake that all dues pending against me with regard to admission in DEHM/BEMS-II/III/   |
| Final/M.D(EH) shall be paid by me before the examination of said course failing which I    |
| shall not be allowed to appear in the said course examination scheduled to be held         |
| on I also undertake that in case non appearing in the examination, the                     |
| Board Examination Fee deposited (part payment or in full) will not be refunded or adjusted |
| for next examination.  |
|  |
| Signature of Candidate   |
| Place :  |
| Date :   |

#### **Terms & Conditions**

- 1. Electropathy/Electro Homoeopathy medical system is yet to be recognized as the same is working at the stage of promotion, development & research under NEHM of India, New Delhi. However, there is no bar on its practice and education. However, a BILL for recognition of this medical system is under active consideration of the Government of India . Electropathy is regulated / governed by Ministry of Health & F.W., Govt. of India in view of policy decision dt. 05-05-2010.
- 2. He/she will not copy from the papers of any other candidate or permit his/her papers to be copied or attempt to give or attempt to obtain irregular assistance of any description.
- 3. The attendance sheet must be signed by the candidate whenever directed by Invig./Centre Supdt.
- 4. He/she will appearing in the examination under disciplinary control of Centre Supdt/Controller of the examinations of NEHM of India, New Delhi
- In case of any dispute during the examination period, the decision of the controller of examination or authorised representative will be final.
- 6. The candidate will be required to occupy their allotted seats marked with roll number.
- 7. On the expiry of the time of examination, the answer copy must be handed over to the office-in-charge or invigilator performing duties in the examination hall.He/she may further be debarred from appearing in the relevant examination of the Institute for a period of one year. The candidate if found guilty or any of the following activities to have used unfair means his/her examination shall be liable to be cancelled and result will be withheld.
- 8. (a) Having in possession of books, notes or any other material or information relevant to the examination of the concerned subject.
  - (b) Disobedience of the rules & regulations of examination.
  - (c) Attempt of unlawful activities or negotiating with nefarious persons/groups.
- The Board/Council has reserved the rights to make any alter, ammendment of rules as and when required according to the situation.

**Deptt. of Distance Education** 

# N.E.H.M. OF INDIA, NEW DELHI - 58 (FORM - B)

Authorised by:-



## Ministry of Health & F.W., Govt. of India

For Promotion, Development & Research of Electropathy

### **BOARD EXAMINATION FORM**

| D.E.IVI  | 1.5. 1St / 2110/3rd/Final ye   | zai/ IVI.D.(E∏   | . <i>j</i> - 15t/141.                                  | D.(EU.)   | znu year                                     |          | <i>=)</i>  |  |
|--|--|--|--|---|--|----------|--|--|
|  |  |  |  |   |  |          |  |  |
| To,  |  |  |  |   |  |          |  |  |
| ,  |  |  |  |   |  |          |  |  |
| The Registrar,   | NEW DELLUISO   |  |  |   |  |          |  |  |
| N.E.H.M. OF INDIA  | I, NEW DELHI-58  |  |  |   |  |          |  |  |
| Sir,   |  |  |  |   |  |          |  |  |
|  | following particulars fo   | -  |  |   |  |          |  |  |
| -  | at the particulars given   | n below are  | correct  | to the b  | est of my                                    | know     | ledge and belief.                                |  |
| 1. Name of the Medical   |  |  |  |   |  |          |  |  |
| 2. Candidate's Name (In Capital Letters) 3. Father's/Husband's Name  |  |  |  |   |  |          |  |  |
| 4. Date of Birth (Certific   |  | <del></del>  | <del></del>  | ᆚᆜ  |  | Ш        |  |  |
|  |  |  |  |   |  |          |  |  |
|  | cation (Photo copy be a  | attached)  |  |   |  |          |  |  |
| 6. Address:  |  | $\Box\Box$   |  |   |  |          |  |  |
| <del>                                      </del>  | <del>                                      </del>  |  |  | +   |  | +        | <del>                                     </del> |  |
| 7 (i) From which Collect   | ge you have passed BEN   | <b>МЅ-</b> Т/П/ПП/ПУ/  | th veer \  | Mhathar   | VOLL bavo                                    | heen 1   | declared as suppl /                              |  |
|  | ge you have passed BEr<br>plete details:College Nam  |  |  |   |  |          |  |  |
|  | BEMS-I   |  |  |   |  |          |  |  |
| 8. Roll No   |  | 9. Board   | Enroln   | nent No   | o  |          |  |  |
|  |  |  |  |   |  |          |  |  |
| College Seal   | Checked by   | (Sig.of Ca   | andidate)  | )   | Sig.   | of Princ | cipal  |  |
| Deptt. of Distance Education  N.E.H.M. OF INDIA, NEW DELHI - 58  Authorised by:- Ministry of Health & F.W., Govt. of India (PDR)  ADMIT CARD |  |  |  |   |  |          |  |  |
|  |  | MD (EH)  |  |   |  |          |  |  |
|  | stitute/ Exam. centre  |  |  |   |  |          |  |  |
| Name of Candid   |  |  |  |   |  |          |  |  |
| Course Exam  |  |  |  |   |  |          |  |  |
| Roll No  |  | B.E.No   |  |   |  | r        |  |  |
| BEMS IstYR M.I<br>IInd YRPatholog<br>IIIrd YRPrac.of<br>IVth YRPrac.of<br>M.D.E.HIst: M  | ease tick mark (//) ag<br>Medica, Anatomy-1, Physi<br>gy, Anatonmy-II, Phys<br>MedI, E.N.T., Ophth<br>Med.II, Surgery, Med<br>. Medica, Prac of Me | iology-I,Prac.esiology-II a<br>nalmology &<br>J. Jurisprud<br>d-I.,Diag. & | of Med., E<br>nd Food<br>&Gynac<br>lence &<br>& Treatn | eP. Fund<br>d & Hyg<br>cology<br>Paed.<br>nent, E | I. & Pharma<br>giene<br>& Obst.<br>E.P.Funda | ament    |  |  |
| M.D.E.HIInd: Prac.of MedII, Pharmacy, Clinical Profile / Exp., Thesis (Registrar)  (For T & C see overleaf.) For N.E.H.M. of India, N. DELHI |  |  |  |   |  |          |  |  |

Electropathy / Electro Homoeopathy is Regulated by Ministry of Health & F.W., Govt. of India vide order V.25011/130/2012-HR & Recognized by Rajasthan Government.