



**11. DETAILS OF FEES PAID**

Demand Draft No.: 

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Date: 

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Amount: 

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**12.** Document to be enclosed :(i) Copy of Marksheet/documents (ii) Demand Draft (iii) Proof of correction.

**Note: (i)** Demand Draft should be drawn in favour of **Board of Electro Homoeopathic Medicine Uttar Pradesh**  
**(ii)** Form should be filled in with Black ball pen only.

**DECLARATION :**

I \_\_\_\_\_ son/daughter of \_\_\_\_\_ do hereby declare that the particulars furnished above are correct to the best of my knowledge and belief. I will be fully responsible for any false and misleading information found at any stage. I also declare that I shall abide by the rules of regulation and terms & conditions issued by **Board of Electro Homoeopathic Medicine Uttar Pradesh** from time to time.

**Signature of the Parents/Guardian**

**Signature of the Student**

**Date:** .....

**Place:** .....