

Rs.

Sl. Mig. / Tr. No. -

Phone : 2350-5143



COUNCIL OF HOMOEOPATHIC MEDICINE, WEST BENGAL

9/1B, MAHATMA GANDHI ROAD, KOLKATA - 700 009

MIGRATION FORM

1. Name _____
[IN BLOCK LETTERS]

2. Address _____
[IN BLOCK LETTERS]

3. Father's / Husband's Name _____

4. Age _____ 5. St. Regn. No. / Regn. _____

6. Examination/s Passed _____

7. Roll No. _____ 8. Held in _____ Term _____

[Attested & Xerox copies of the Mark Sheet/s to be attached]

Signature of the Candidate