



Council Of Electro-Homeopathic Medicine & Research Centre

Run by: Hiranwal Medical Education & Welfare Indian Trust (Regd.)
Registered With Ministry of MSME I MHRD (Under CR Act) Govt. Of India
An Autonomous Council-Approved By (Govt Of India)

ADMIT CARD

Enroll. No. **CEHMRC/BE-000500/17**

Roll. No. **610**

Examination Schedule

Course /Class: **BEMS First Year March -2018** /Session: **2017-2018** **B.NO. 2**

Student' Name SURESH MISIGERI
S/D/W/O ULAVAPPA
Date of Birth 11/06/1993
Gender Male
Examination March - 2018
Examination Center Code E-005-16
Address of Examination
Center SREENIDHI MARABASHETTAR MEDICAL
INSTITUTE HUBBALLI (KARNATAKA)



Aadhar No: **2713 1825 5508**

Controller of Examination

Date Of Issue: **15-02-2018**

(580030)

Head office: Plot No. B-68, Hiranwal Hospital 3rd Floor Near Bharat Petroleum Kohara (P.B) India-141112
For Verification Visit: www.cehmrc.in

Instruction to Candidate

1. Candidates must bring the 'Admit Card' and show it to the Invigilators on duty and should preserve it for future requirements
2. Photograph contained in this Admit Card will be matched with the photograph submitted with original application
3. Candidates should bring two Black Ballpoint Pens. Use of pencil is PROHIBITED.
4. Mobile phone, Calculator, Digital Watch or any Electronic Device is NOT ALLOWED.
5. Candidates involved in unfair means/misconduct in examination hall, will be silently expelled.
6. Candidates will have to report at the examination hall 15 minutes before the examination starts.
7. Attendance sheets have been prepared with candidate's photograph and specimen signature. Invigilator will check the candidate physically with both the photographs of admit card and attendance sheet. Candidate's signature will also be checked by the invigilator in the same way.
8. Question papers along with the answer scripts must be returned to the invigilator by the candidates at the time of leaving the examination hall.

In Case of any discrepancy between the entries in the Admit Card issued & in the Institution record, the Institute record shall be final.

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STATEMENT OF EXAMINATION ATTENDANCE

Course /Class: **BEMS First Year /Session: 2017-2018 March-2018 B.NO. 2**



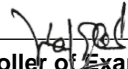
Enroll. No. **CEHMRC/BE-000500/17**

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| S.NO | Date | Subject Code & Name | Sign. Of Student | Sign. Of the Invigilator |
|------|------|------------------------------------------------------|------------------|--------------------------|
| 1 | | BE -200 Anatomy – (2401) | | |
| 2 | | BE-201 Physiology - (2402) | | |
| 3 | | BE-202 Medicine – (2403) | | |
| 4 | | BE-203 Social & Preventive – (2404) | | |
| 5 | | BE-204 Pharmacy – (2405) | | |
| 6 | | BE-205 Practical/ Viva -Internal Assessment – (2406) | | |
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Date of issue:15-02-2018




Controller of Examination