



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/DE-000458-17**

Roll. No. **469**

Examination Schedule

Course /Class: **DEMS Second Year March -2019** /Session: **2018-2019** **B.NO. 2**

Student' Name KASAPPA HULYAL
S/D/W/O YALLAPPA
Date of Birth 25/01/1988
Gender Male
Examination March - 2019
Examination Center Code E-005-16
Address of Examination SREENIDHI MARABASHETTAR MEDICAL
Center INSTITUTE HUBBALLI (KARNATAKA)



Aadhar No: **5872 8003 4845**

Controller of Examination

Date Of Issue: **15-02-2019**

(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: **DEMS Second Year /Session: 2018-2019 March-2019 B.NO. 2**

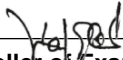
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S.NO	Date	Subject Code & Name	Sign. Of Student	Sign. Of the Invigilator
1		DE-201 Diagnosis Based of Electopathy Principle		
2		DE-202 Electopathy Medicinal Plants Collections Medicine Preparation		
3		DE-205 Practical V / VI / VII		
4		DE-106 Viva- Internal Assessment		

Date of issue: **15-02-2019**




Controller of Examination