



Postal Address:.....

District.....State.....Pin code .....

### Communication

Tel .No.....Mobile No.....Whatsapp No.....

Email.....Website.....

Name & Designation of Board Members (Use Seperate sheet if, Necessary)

Sl.	Name	Designation
1.		
2.		
3.		

Premises Details: Owned  Rented  Lease  Others

Carpet Area (Sq. ft.)

Site Area (Sq. ft.)

### Declaration

We certify that the particulars as required along with this application forms are True to best of our knowledge. We ensure to abide to all the norms as mentioned in the application form and as Prescribed by BAYC in case of any Information furnishes by us is found wrong of incomplete in any regard.

#### Enclosures:

Photographs of Building, Class Rooms, office and other institution Area,  
Address of Institute location  
Administrative head & Member Academic & Processional certificate  
Attested copy & ID Proof.  
All paper according to form Details

**Administrative Head  
Signature & Seal**

Note:-

Affiliation Fee Rs **10000/- only**

Fee by Cash or Bank D.D. in the name of **Electroopathy System of Medicine Organisation**

Payable at Patna or Deposit in college Bank Account

**Electroopathy System Of Medicine Organisation**

A/c No: **3863578013**

IFS Code: **CBIN0283732**

Bank Name: **Central Bank of India**

Branch: **Choudhary Tola, Patna**

To be Remitted to Secretary **Electro Homeopathic Board**  
Gandhi Setu link Path, East of Biscoman Colony Golambar,  
PO. Gulzarbagh, Patna - 800007