

PROFORMA OF APPLICATION FORM

(U/Sub Section 2 of Section 2 of Act 1965 as amended in 1993 and
U/S 15(3) of the Act read with Rule No. 4(1) of the Rules)

To

The Registrar
Council of Homoeopathic System of Medicine Punjab,
S.C.O. 3027-28, Sector-22-D, Chandigarh – 160022 (U.T.)
Phone : 0172-2706368

Subject: Renewal of Registration under sub section 2 of Section 2 of Act 1965 as amended in 1993 updating State Register of Homoeopathic Practitioner's (Part A/B) maintained 15/16 and 26 of the Punjab Homoeopathic Practitioners ACT, 1965, Rules / Regulations framed thereunder .

Sir,

Please refer to the subject cited above.

2. My name is registered on the Punjab State Register vide Registration No. _____ A/B in accordance with provisions of section 16 of the aforesaid Act. A copy of the registration certificate with Renewal Certificate issued in my favour in year _____ along with stamp size photographs duly attested by Gazetted Officer is enclosed herewith.
3. I am sending herewith a sum of Rs. _____ as Renewal of Registration & Postage charges etc, through Bank Draft No. _____ dated _____ drawn on _____ in favour of the Council of Homoeopathic System of Medicine Punjab, Chandigarh.
 - (i) Deposited cash in funds of Council against C.R.No. _____ Dated _____ for Rs. _____.
4. The information / details as asked for in this respect are stated in the Proforma below. Any further information asked for in this regard will be supplied promptly,

1. Name in full _____
(in block Capital letters) _____
2. Father's/Husband's name (Full) (a) _____
(as per Matriculation Certificate) (b) W/o _____
3. Date of Birth (a) _____
(According to Christian era) (in figures)
(as per Matriculation/ SLC of (b) _____
Entry of the Register of Birth etc. (in words)
4. Permanent Home/Residential Add. _____
(Complete with pincode) mentioning _____
Tehsil, District and State _____
5. Present address of Clinic/ Dispensary _____
(full with pin code) mentioning Tehsil _____
District and State. _____
6. Present Residential Address with _____
e-mail Address and Mobile No. _____

7. Part under which Registered with _____
No. (attach attested copy of _____
Registration Certificate) _____

8. Date of Registration _____
9. System(s) in which practicing _____
10. Academic Qualification _____
11. (a) Professional Qualification _____
- (b) Name & Complete Address of _____
of the Institutions where studied _____
- (c) Duration of Course _____
- (d) Name and complete address of _____
Faculty, Board, University, _____
Council or the examining body _____
which granted Diploma/Degree _____
in Homoeopathy. _____
12. Whether doing any other business _____
profession or service, if so mention _____
details _____

13. Declaration on Oath: (a) I hereby solemnly declare and affirm that the information/details as mentioned in Paras 1 to 12 above are true and correct to the best of my knowledge, information and belief and that nothing relevant thereto has been kept concealed or misstated. I also hereby further solemnly declare and affirm as under:

- (a) That I have not been convicted and sentenced by Criminal Court to imprisonment for any offence involving a moral turpitude.
- (b) That I have not been adjudicate by a competent Court to be unsound mind.
- (c) That my name has not been removed from the Register of Practitioners maintained by any State Council Board or Parishad for Professional misconduct.
- (d) That I am not Registered under the Punjab Medical Registration Act, 1916 and Punjab Ayurvedic and Unani Practitioners Act, 1963 in the State of Punjab.

Note : That the above statement is to be attested by Notary or a Magistrate, First Class.

Signature of the Registered
Homoeopathic Medical Practitioner

Attested:
Name in full (block letters)
Designation
Place..... Date

Signature of the attesting authority with Seal

Note: Attach Photocopy of Registration Certificate, Degree/Diploma Certificate, Previous Renewal of Registration Certificate in Original, Two Passport Size Photograph (One Attested) and One Stamp Size Photograph and Residence Proof.

REQUIREMENTS FOR APPLICATION FOR RENEWAL OF
REGISTRATION

1. RESIDENCE PROOF
2. ORIGINAL PRVIOUS RENWAL CERTIFICATE
3. ATTESTED COPY OF REGISTRATION CERTIFICATE
4. ATTESTED COPY OF DEGREE/DIPLOMA CERTIFICATE
4. TWO PASSPORT SIZE PHOTOGRAPHS (ONE ATTESTED)
AND ONE STAMP SIZE PHOTOGRAPH

COUNCIL OF HOMOEOPATHIC SYSTEM OF MEDICINE
PUNJAB

S.C.O. NO. 3027-28, SECTOR – 22 – D, CHANDIGARH

PHONE : 0172-2706368 & 2707875

S. No. Detail of fee to be charged by the Office of Council Detail of
Fee (Rs.)

1. Registration Fee 2500-00
2. Registration Certificate Fee 240-00
3. Duplicate Registration Certificate Fee 600-00
4. Renewal Fee 600-00
5. Provisional Registration BHMS Degree 1440-00
6. Diploma/ Duplicate Diploma Fee 1200-00
7. Migration Fee 1200-00
8. Verification Fee 850-00
9. Appeal Fee 600-00
- 10 Duplicate Detail Marks Sheet/Enrolment Certificate 120-00
11. Registration/Provisional Registration Form 120-00
12. Migration/ Duplicate/ Appeal/ Verification Forms 60-00
13. Identity Card 120-00
14. Postage Charges 100-00
15. Directory Fee 360-00
16. Medical Practitioners Act/ Medical Ethics 60-00
17. Change of Address/ Name Fee 240-00
18. Additional Qualification Fee (Graded Degree) 1200-00
19. Additional Qualification Fee (M.D.Hom.) 3000-0