

COUNCIL OF HOMOEOPATHIC SYSTEM OF MEDICINE PUNJAB
SCO 3027-28, SECTOR -22-D, CHANDIGARH TEL : 0172-2706368

APPLICATION FOR DUPLICATE CERTIFICATE

Note : No person is entitled to apply on behalf of another person or to receive his own or another person's certificate personally from the office.

1. Name of the Candidate _____
2. Father's Name _____
3. Mother's Name _____
4. Date of Birth _____
5. Registration Certificate _____
6. Detail of Duplicate Certi. Required _____
7. Reason for applying _____
8. Examination _____ Roll No. _____ Result of re-totaling if any _____
Subject offered _____
Name of College where studied _____
Position in order of merit (if applied for merit certificate) _____

Dated : _____ Signature of applicant _____

Attestation:

I certify that the applicant _____ Son/daughter of
Sh. _____ is the same person who passed _____
examination under the particulars mentioned above _____

Dated _____ Head of Institution

Name & Address of the Attesting Authority

Official seal

Attesting authority : Head of Institution where the candidate had attended course of study.

To be filled by the applicant

Name and address for correspondence

Name and address for dispatch of Certificate

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