

COUNCIL OF HOMOEOPATHIC SYSTEM OF MEDICINE PUNJAB  
MEDICAL EDUCATION BHAWAN, 3RD FLOOR, SECTOR 69, S.A.S. NAGAR

**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.

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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 \_\_\_\_\_

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**To be filled by the applicant**

Name and address for correspondence

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Name and address for dispatch of Certificate

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