

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

To

The Registrar
Council of Homoeopathic System of Medicine Punjab,
S.A.S. NAGAR

Subject: Application for Provisional Registration during the One year Compulsory Internship.

Sir,

I am to request you that I have completed my B.H.M.S. 4th Prof. examination in Annual/Supple _____ from _____
My roll number was _____ and in this regard I have received provisional pass certificate from _____. Necessary Particulars concerning my case are given below for information and record.

1. Name of Applicant : _____
2. Mother's Name : _____
3. Father's Name : _____
4. Date of Birth : _____
5. Qualification : _____

(Please attach attested photocopy of 10th, 10+2, BHMS etc.)

6. Correspondence Address: _____
7. Permanent Address : _____
8. Name & Address : _____
of College _____
9. Name of College for : _____
One year compulsory Internship _____
- 10 (a) Provisional Registration fee
have been sent, vide bank draft No..... Dated
- (b) In case the fee is paid in cash please give official receipt No. Dated

As per above information you are requested to provisionally registered my name for One year Compulsory Internship in Punjab Homoeopathic Practitioners Act 1965 under section 16(1) and Class (2) of Schedule -1.

Place:

Yours faithfully,

(Signature of Applicant)

Certificate from concerned college Principal.

Certified that Miss/Sh. _____ D/o,S/o Sh. _____ resident of _____ is student of this College and she/he doing his/her B.H.M.S. Course during period _____ to _____.

Place :

Signature & Seal of Principal

Dated:

Note : All cuttings in the application form must be signed by the applicant himself/herself .