

**COUNCIL OF HOMOEOPATHIC SYSTEM OF MEDICINE PUNJAB**  
**MEDICAL EDUCATION BHAWAN, 3RD FLOOR, SECTOR 69, S.A.S. NAGAR**  
Form No.CHSM-PB(39)

**Form "A"**

A see Rule No.3(1)(1)

(Application for Registration under section 16 of the Punjab Homoeopathic Practitioners Act 1965)

To

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

Sir,

I am to request you to please register my name as a Homoeopathic Practitioner in Part "A" of the Register maintained under the Punjab Homoeopathic Practitioner Act, 1965. Necessary Particulars concerning my case are given below for information and record.

Dated.....

.....  
Signature of Applicant

**PARTICULARS OF THE APPLICANT**

Note : All cuttings in the application form must be signed by the applicant himself/herself and got attested from Oath Commissioner.

1. Name of the applicant (in block letters) .....
2. (a) Married name, if any (to be filled in block letters) .....  
As per enrolment/registration certificate)
3. Father's/Husband's Name .....
4. Place where practicing/will practice Village/Mohalla .....  
(In State of Punjab) Post office.....Tehsil.....  
Police Station ..... District.....  
e-mail address.....  
Telephone No./Mobile No.....
5. Date of Birth .....
6. (a) System in which practicing .....  
(b) Academic qualifications .....  
(c) Professional qualifications .....
7. (a) Name and address of recognized .....  
Faculty/Board/University/where studied .....  
(b) Period of study in the Institution mentioned above .....
8. If Registered/Enlisted with any State Council Board .....  
(a) Registration/Enlistment Number .....  
(Enclose a copy of certificate)  
(b) Name of State Council/Board .....
9. (a) Registration fee/Registration Certificate fee .....  
have been sent, vide bank draft No..... Dated .....  
(b) In case the fee is paid in cash please give official receipt No. .... Dated .....

Dated.....

.....  
Signature of Applicant

**Price Rs.150/-**  
(Postage Charges Extra)

Note:

1. The Registration fee may be sent by bank draft.
2. Please attach academic/professional testimonials duly self attested. Possessing Diploma/Degree from concerned Board/University.
3. Registration will be granted to those applicants who have qualified Diploma/Degree from to other State Board/Council subject to confirmation of Registration from respective University/Board Council.
4. Strike out the columns/words which are not applicable.

**AFFIDAVIT**

I ..... son/daughter of Shri .....  
Resident of village/Mohalla ..... Post Office.....Police Station.....  
Tehsil..... District ..... and practicing/ to practice at village/  
Mohalla ..... Post Office .....Police Station .....  
Tehsil.....District.....State .....

Solemnly declare as follows :

- (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 have gone through the Punjab Homoeopathic Practitioners Act, 1965 and rules framed there under I promise to abide by the provisions of the said Act and Rules.
- (e) 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.

I solemnly declare and affirm that the contents given in my application for registration and in paras (a) to (e) above are true and correct to the best my knowledge and belief. I further declare on oath that nothing relevant has been concealed.

Dated.....  
Signature of Applicant

Note : The affidavit is to be attested by an Notary or a Magistrate, First Class.  
Attested

Signature of the attesting authority .....

Name in full (block letters) .....

Designation .....

Place..... Date .....

**(To be filled in by the office)**

Registration application received on ..... Dairy No..... Dated.....

- (a) Fee or making entry in the Register and for issuing certificate received on official receipt No. .... dated ..... for Rs.....
- Cash Book Page No. ....
- Personal Ldger Page No.....
- Signature of the Cashier .....
- Order of the Register .....
- Registration No. .... Part .....

Registration Certificate issued on ..... vide dispatch No..... dated .....

Original Degree/Diploma or Certificate scrutinized and returned to the applicant

on..... vide dispatch No..... dated .....

**Declaration and Oath**

I.....S/o D/o W/o Sh.....  
resident of ..... declare  
oath as under :

2. (a) At the time of registration, each applicant shall submit the following declaration and oath read and signed by him to Registrar concerned attested by the Registrar himself or by a registered practitioner of Homoeopathy :-

1. I solemnly pledge myself to consecrate life to the service of humanity.
2. Even under threat, I will not use my medical knowledge contrary to the laws of humanity.
3. I will maintain the utmost respect for human life.
4. I will not permit consideration of religion, nationality, race, political beliefs or social standing to intervene between my duty and patient.
5. I will practice my profession with conscience and dignity in accordance with the principles of Homoeopathy and/or in accordance with the principles of biochemic system of medicine (tissue remedies).
6. The health of my patient shall be my first consideration.
7. I will respect the secrets which are confided to me.
8. I will give to my teachers the respect and gratitude which is their due.
9. I will maintain by all means in my power the honour and noble traditions of medical profession.
10. My colleagues will be my brothers and sisters.
11. I make these promises solemnly, freely and upon my honour.

(b) Hahnemannian oath :-

“On my honour I shall practice the teaching of Homoeopathy, perform my duty, render justice to my patients and held the sick whosoever comes to me for treatment.

My the teaching of master Hahnemannian inspire me and may I have the strength for fulfillment of my mission.

Name

Father's Name

Age

Address

DEPONENT

Witness:

Signature:.....

Name of Attesting Authority:.....

(Any Registered Homoeopathic Practitioner  
With Registration Number)

## Documents to be attached with Registration Form

1. Copy of Matric Certificate
2. Copy of 10+2 Certificate
3. Copy of Student Registration Card
4. Copies of B.H.M.S. Ist, IInd, IIIrd & IVth Professional Detail Marks Card
5. Provisional Registration Certificate in Original
6. Copies of Internship & Character Certificate.
7. 3 Latest Passport Size and one stamp size photograph.