

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,
Medical Education Bhawan, IIIrd Floor, Sector - 69,
S.A.S. Nagar.

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.

1. 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.
2. 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.
3. 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,

- i. Name in full _____
(in block Capital letters) _____
- ii. Father's/Husband's name (Full) (a) _____
(as per Matriculation Certificate) (b) W/o _____
- iii. 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)
- iv. Permanent Home/Residential Add. _____
(Complete with Pincode) mentioning _____
Tehsil, District and State _____
- v. Present address of Clinic/ Dispensary _____
(full with pin code) mentioning Tehsil _____
District and State. _____
- vi. Present Residential Address with _____
e-mail Address and Mobile No. _____

- vii. Part under which Registered with _____
 No. (attach attested copy of _____
 Registration Certificate) _____
- viii. Date of Registration _____
- ix. System(s) in which practicing _____
- x. Academic Qualification _____
- xi. (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. _____
- xii. Whether doing any other business _____
 profession or service, if so mention _____
 details _____

4. Declaration on Oath: (a) I hereby solemnly declare and affirm that the information/details as mentioned in Paras 1 to 4 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.

Signature of the Registered
 Homoeopathic Medical Practitioner

Note: Attach Previous Renewal of Registration Certificate in Original, Two Passport Size Photograph and One Stamp Size Photograph. Draft of Fee in favour of Registrar C.H.S.M. Punjab payable at Chandigarh.