

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

APPLICATION FORM FOR OBTAINING A CERTIFICATE OF GOOD STANDING / CONFIRMATION OF QUALIFICATION

1. Name of Candidate _____
Registration No. _____
Enrolment No. _____

2. Father's Name _____

3. a) Present Address _____

b) Permanent Address _____

4. Qualification _____
(Name of University/Board/
Council with year) & _____
Passing Year _____

5. Name of the Institution from _____
where the applicant has passed
His/Her D.H.M.S./ B.H.M.S./
Graded Degree B.H.M.S.

(Please attach attested photocopy of the Registration Certificate and One P.P. Size photo duly attested)

Dated: _____

(Signature of the applicant)
Address of Correspondence

