

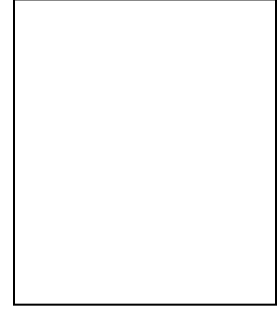
FORM –D

[See Rule 80(1)]

**FORM OF APPLICATION FOR REGISTRATION UNDER SUB – SECTION (3) OF
SECTION 17 OF THE GUJARAT HOMOEOPATHIC ACT 1963**

To,

The Registrar,
Council of Homoeopathic System of Medicine,
Gujarat State.
“Council House”,
Nr. Civil Hosp. Post office,
Asarwa, Ahmedabad-380016.



Sir,

I hereby request my name and other particulars as mentioned below may be entered in the Register under sub section (3) of section 17 of the Gujarat Homoeopathic Act, 1963 and that I may be furnished with a certificate of registration.

- (1) Full name of the applicant (In block _____
Capitals beginning with surname _____)
- (2) Maiden name and surname if the _____
Applicant is a married woman (In block _____
capitals beginning with surname). _____)
- (3) Nationality _____
- (4) Date and place of birth _____
- (5) Residential address _____
(in block capitals) _____
- (6) Professional address _____
(In block capitals) _____
- (7) (a) Qualification which entitled an _____
applicant for registration. _____
- (b) Date on which the qualification _____
was obtained. _____
- (c) Authority which granted or _____
conferred the qualifications. _____
- (d) The Place where the applicant _____
Received training for such qual- _____
fiction and period of training _____
- (e) Internship Period From _____ to _____
(i) If repeated From _____ to _____
- Mobile _____

(P.T.O)

2. I forward herewith :
- (a) My birth certificate & School Leaving in original and a copy thereof attested by the Magistrate/ Gazetted Officer or an affidavit made before the First class magistrate as to my age.
- (b) The Diploma/Certificate/Degree in original, in respect of the qualification possessed by me, together with a certified copy of the above. (The original may kindly be returned to me when not required by your office)
3. Passing Certificate year Certified copy with original
4. Provisional Certificate year Certified copy with original
5. Mark – Sheet 1st to Final Certified copy with original
6. Registration Certificate year Certified copy with original
7. Internship Completion Certificate Certified copy with original
8. School Leaving Certificate Certified copy with original
9. College Leaving Certificate Original
10. An undertaking as required by sections 19 of the Act is furnished herewith.
11. I have carefully read the instruction sent with form and I hereby declare that the particulars furnished above are true to the best of my knowledge and belief and I shall abide by the provisions of the Act Rules and Regulations.

Yours faithfully,

Date _____

(Signature of the Applicant).

Place _____

INSTRUCTIONS:

1. All particulars in this Application Form must be filled in by the applicant in neat legible hand or may be typed. Incomplete applications are liable to be rejected. The name entered in this application must exactly correspond with the name of the applicant entered at the **School Leaving Certificate** or **Published in the Govt. Gazette**.
2. A fee for registration should be paid to the Registrar, Council of Homoeopathic system of Medicine, Gujarat, in cash or by Draft. When the fee is sent by Draft, the postal receipt should be attached to the application, Full name and address.
3. In the space for the particulars is not found sufficient they may be given on a separate sheet attached to this application.
4. The First schedule to the Gujarat Homoeopathic Act 1963 annexed hereto specifies the qualifications, which entitles holder to registration under Sub-section (3) of Section, 17 of the Act.

FORM - G

[See Rule 80 (2) (b) and 81 (2) (b)]

**UNDERTAKING UNDER SECTION 19 TO BE GIVEN BY THE
APPLICANT APPLYING FOR REGISTRATION OR ENLISTMENT**

I, _____
Age _____ Address _____
_____ hereby give and undertaking that I

shall not use after my name any degree, diploma or licence, which is not granted or recognised by or which is identical with or is a colourable imitation of any degree, diploma or licence granted by or which is recognised by a body or institution authorised under the Indian Medical Degrees Act 1916, the Indian Medical Council Act, 1956, the Bombay Medical Act, 1912, the Gujarat Medical Practitioners, Act, 1963 or any Law corresponding to any of these enactments for the time being in force in any part of the state of Gujarat.

Further I give an undertaking that I shall not practice any system of Medicine other than the Homoeopathic System of Medicine unless I am duly qualified and entitled to practice that system under any other law for the time being in force in Gujarat.

Solemnly declared at _____ this _____

Day of _____ 200 _____

Signature of the Applicant

Before me

**SEAL OF THE
COURT**

First Class Magistrate