

FORM OF APPLICATION FOR PROVISIONAL REGISTRATION

To

The Registrar,
Council of Homoeopathic System of Medicine, Gujarat State
Old Nursing College Building, Gate No.6,
Nr. Cancer Hospital, Asarwa,
AHMEDABAD-380016.

Sir,

I request you to give the provisional registration under Rule 4 of the Central Council of Homoeopathy Rules 1983, and to issue the necessary certificate.

My Particulars are stated below:

University Enrollment No :-	
University Name :-	
College Name :-	
Admission Year :-	Final Exam Passing Year :-
1 st Year-Attempt :-	2 nd Year-Attempt :-
3 rd Year-Attempt :-	4 th Year-Attempt:-

(Beginning with Surname and including father's / Husband's

Full Name in block letters only _____

Address _____

Nationality _____

Date of Birth _____ Blood Group _____

Mobile No _____ Email ID _____

Qualification or examination Passed _____

Name of University _____

Institution from which appeared for the Examination and number at the Examination.

2. I forward herewith Attested Copies of:

(A) 1. School Leaving Certificate /

Or

2. S.S.C. Examination Certificates / 3. Birth date Certificate

(B) All Mark sheet of Final B.H.M.S. Exam.

3. I have been selected for:
Practical Training at the _____
(State Name of approved institution) _____
_____ and enclosed as evidence _____.
4. The registration fee of Rs.1500/- (Rs. One thousand five hundred only) is deposited Online SBI for Provisional registration certificate.
5. I am applying for registration for the first time and i was not registered as a homoeopathic medical practitioner in India before the date of this application.
6. I have carefully read the instructions sent with this form and I certify that the particulars furnished above are true to the best of my knowledge and belief.

Yours faithfully,

Date : _____

(Signature)

Place : _____

I hereby recommend the Ms/Mr. _____ student of this institute admitted in first year BHMS as per eligibility of concern authority and has cleared each examination as it not more than four attempts and passed his/her final BHMS exam in month- _____ Year _____.

He/She will complete his/her compulsory rotating internship training within prescribed time and will abide by the rules & regulation laid down by concern authority time to time.

Signature & Seal, head of the institution _____

1. All particulars shall be filled by the applicant only.
2. All particulars should be in neat legible hand writing.
3. The registration fee should be deposited through Online SBI collect.
4. For joining of re-internship :-
Student will be allowed for rejoining of internship on production of satisfactory clarification and request from the institution. Council will issue permission letter for the extension of internship period, and then after he / she will be allowed for re-internship.

Tick off the alternative not applicable.