

FORM OF APPLICATION FOR PROVISIONAL REGISTRATION

To,
The Registrar,
Council of Homoeopathic System of Medicine, Gujarat State
"Council House" Opp. M.P. Shah Cancer Hospital,
Gate No. 6, New Civil Hospital Campus, Asarwa,
AHMEDABAD – 380 016. Ph.: (079) 22681377

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:

Enrollment Number _____ Admission Year _____

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

Full Name in block letters only _____

Address(Full) _____

City _____ Taluka _____ Dist _____ PIN Code _____

Mobile No. _____

E Mail _____ Male / Female _____

Maiden Name and Surname in the case of a married woman (Beginning with Surname
in block letters) _____

Nationality _____

Date of Birth _____

Qualification or examination passed _____

Name of Council / Board / University _____

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

Date of passing the Examination or of obtaining the qualification _____

2. I forward herewith Attested Copies of :

(A) School Leaving Certificate / Birthday Certificate / S.S.C Examination Certificates

(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 I enclosed as evidence _____

4. The Provisional registration Fee of Rs.1500/-(Rupees One Thousand Five Hundred Only) is to be sent to the Registrar by Online S.B.I. through Council Website www.gujarathmc.org
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: _____

Place: _____

(Signature)

I hereby recommend Shri _____ student of our institute and passed final B.H.M.S on _____. He will complete his / her compulsory internship training without any break.

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 sent to the Registrar by Online S.B.I. through Council Website www.gujarathmc.org
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.