

SERIAL NO.	509
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PAGE NO.	78
DATE	6 SEP 2001

Proof  
P. No. 5823  
6-9-01

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.

5271

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). KHIRA SHABINA <sup>bahen</sup> ALIMAHMAD.
- (2) Maiden name and surname if the applicant is a married woman (in block capitals beginning with surname). \_\_\_\_\_
- (3) Nationality INDIAN
- (4) Residential address (In block capitals) 9-B/15, GNFC TOWNSHIP  
NARMADA NAGAR, BHARUCH - 392015
- (5) Professional address (In block capitals) \_\_\_\_\_
- (6) Date and place of birth. 28-9-77, DWARKA
- (7) (a) Qualification which entitled an applicant for registration. B. H. M. S. (G.M.T)
- (b) Date on which the qualification was obtained. 28/05/2000
- (c) Authority which granted or conferred the qualifications. SARDAR PATEL UNIVERSITY
- (d) The place where the applicant received training for such qualification and period of training. DR V. H. DAVE HOMOEOPATHIC  
MEDICAL COLLEGE, ANAND-

(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 Complition Certificate                      Certified copy with original
  8. School Leaving Certificate                      Certified copy with original
  9. College Leaving Certificate                      Original
  10. An undertaking as required by section 19 of the Act is furnished herewith.
  11. I have carefully read the instructions 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 6-9-2001

*S. D. Khur*  
(Signature of the Applicant).

Place AHMEDABAD.

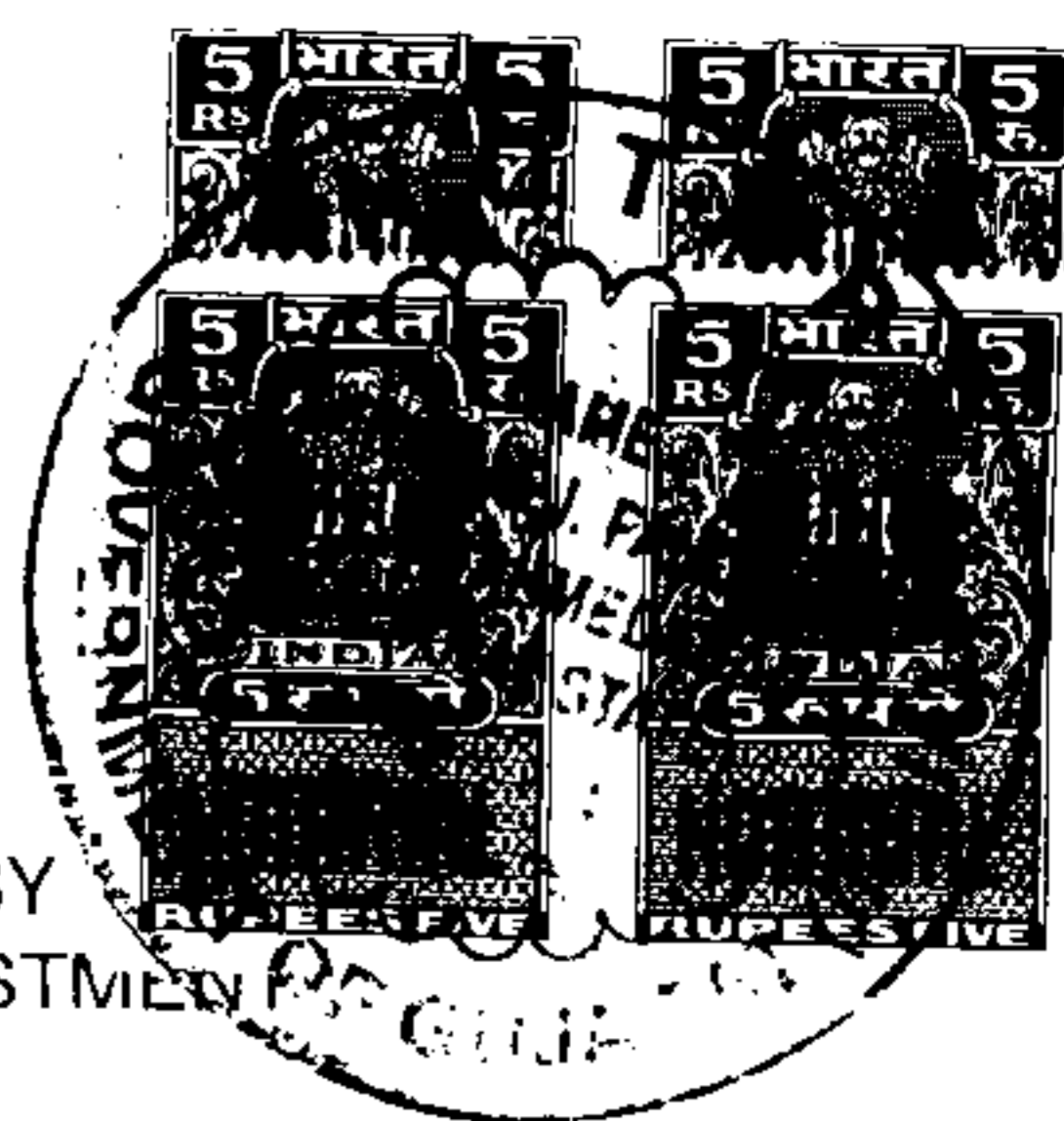
**INSTRUCTIONS :**

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 University or other examinations.
2. A fee for registration should be paid to the Registrar, Council of Homoeopathic system of Medicine, Gujarat, in cash or by Money Order. When the fee is sent by Money Order, the postal receipt should be attached to the application, Full name and address must be given on a Money Order form with details about the remittance.
3. If 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 APPLICANT APPLYING FOR REGISTRATION OR ENLISTMENT



I, KHIRA SHABINA AZIMOHMAK

age 23 yrs Address 9-B/15, G.N.F.C. TOWN SHIP

NARMADA NAGAR, BHARUCH-392015 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 the Bombay Homoeopathic Act, 1951 or the Gujarat Homoeopathic 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 practise 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 AHMEDABAD this 6<sup>th</sup>

day of SEPTEMBER 2001

S. A. Khira

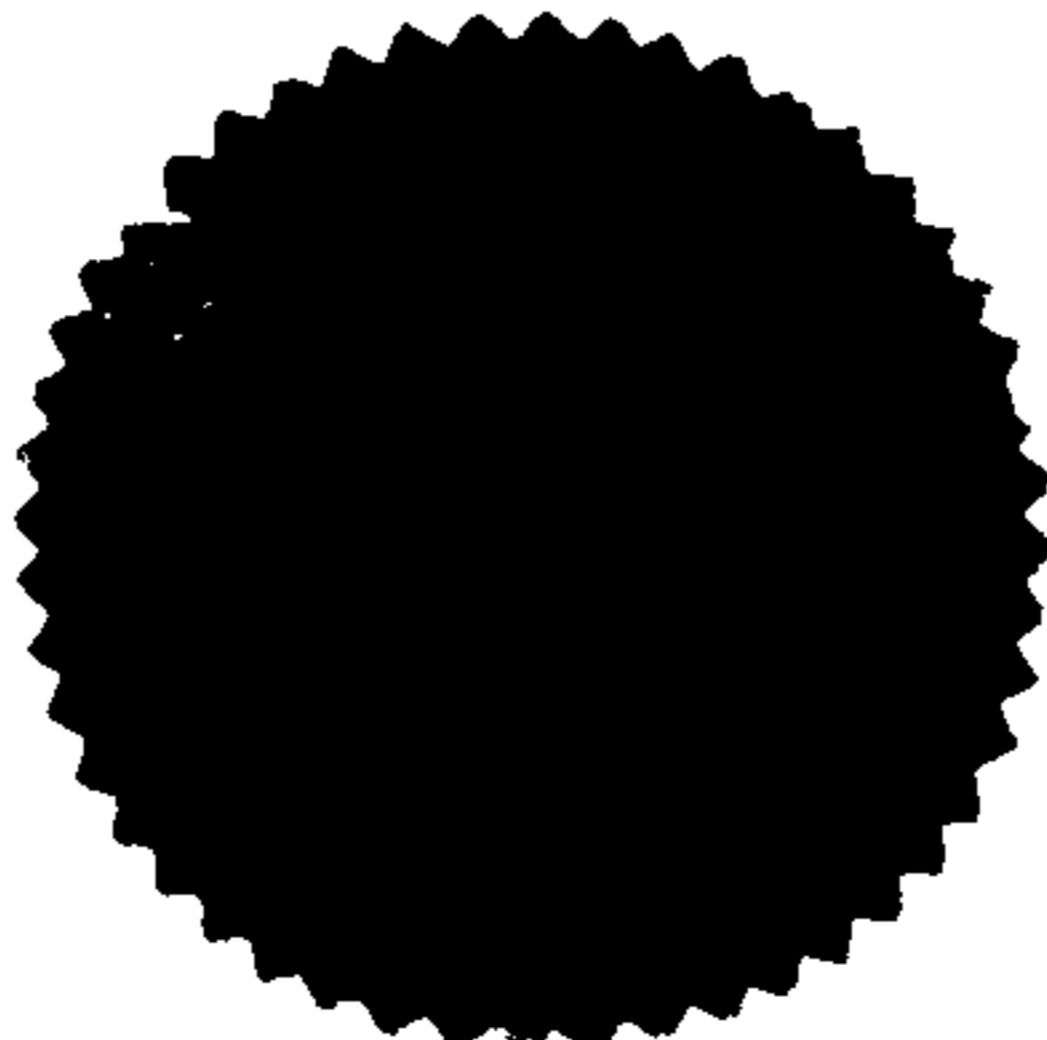
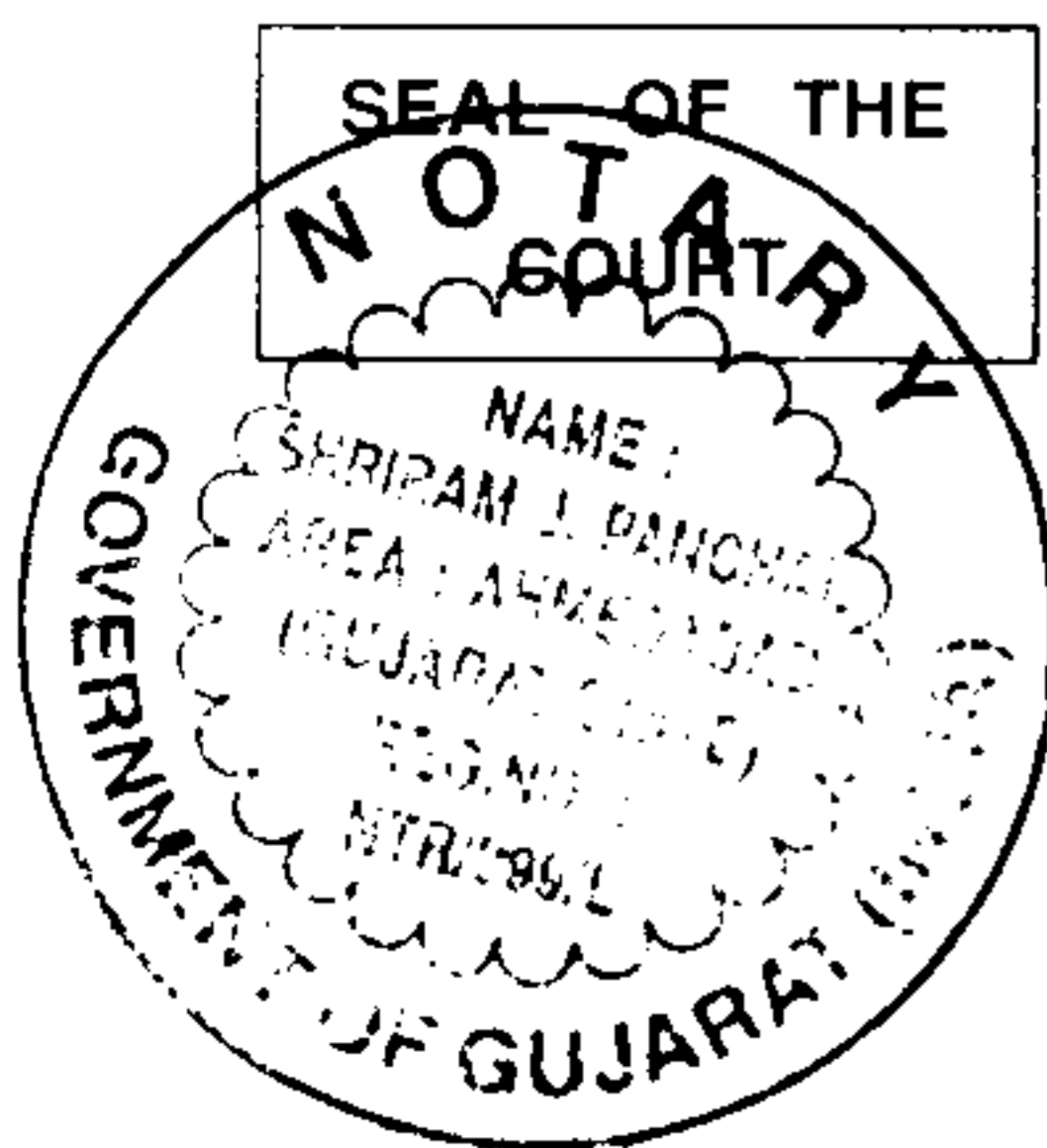
Signature of the Applicant,

Before me  
SIGNED BEFORE ME

S. J. PANCHAL  
NOTARY

GOVT. OF GUJARAT  
First Class Magistrate

- 6 SEP 2001



**COUNCIL OF HOMOEOPATHIC SYSTEM OF MEDICINE  
GUJARAT STATE**

- 1) Application Name Khisa Shalimaben A
- 2) Degree/Diploma, DHMS/BHMS/LCEH/DMS/DHB/GCEH,  
University/ State Council  
BHMS (Guj)
- 3) Passing Certificate year Apr Certified copy with original
- 4) Provisional Certificate year \_\_\_\_\_ "
- 5) Mark-sheet \_\_\_\_\_ "
- 6) Registration Certificate year \_\_\_\_\_ "
- 7) Internship Completion Certificate \_\_\_\_\_ "
- 8) School Leaving Certificate \_\_\_\_\_ "
- 9) Confirmation year \_\_\_\_\_ Original

Candidate has fulfilled all the requirement and attested certificate Are verified by me with original certificate. Now this application is ready for issuing registration.

From application for Registration under sub-section (3) of section 17 of the Gujarat Homoeopathic Act, 1963 is certified and found correct.

Checked by :-

Sr.Clerk:- A. Kall

[Signature]  
Asstt. Registrar

[Signature]  
29/1/11

Registrar,  
Council of Homoeopathic System of Medicine,  
Gujarat State

**SARDAR PATEL UNIVERSITY**

Certificate showing the number of marks gained by Shri/Smt./Kum.

**KHIRA SHABINA ALIMOHMAD**

**of SHRI DR. V.H.DAVE HOMOEOPATHIC MEDICAL COLLEGE, ANAND**



In each head of passing at the Examination for the First Year of the Direct Degree Course in Homoeopathic Medicine and Surgery (Part-I) held in April 1997.

Candidate's No.	Homoeopathic Pharmacy			Anatomy (Two Papers)			Physiology and Biochemistry (Two Papers)			Materia Medica and Homoeopathic Organon & Philosophy		Total of Part-I	x x Indicate Failure ** Indicate Exemption Result	
	Theory		Oral	Theory		Oral	Theory		Practical	Oral	Theory			Oral
	Ext.	Int.	Total	Ext.	Int.	Total	Ext.	Int.	Total	Ext.				
29	40	21	20	106	43	46	108	45	49	36	39	553		
Obtained	25	14	14	50	31	31	45	31	32	21	23	317		
	65	35	34	156	74	77	153	76	81	57	62	870	FIRST D.	

Received Rs. 10/-

Vallabh Vidyanagar

Issue Date : 23-5-97

NOTE : No change in any entry is to be made except by the authority issuing the certificate. Any infringement will be severely dealt with.

*K. M. Patel*

Registrar

**TRUE COPY**

*Shree*  
Principal

**Shree Dr. V. H. Dave Hom. Med. College**  
Hahnemann House, ... Road, Anand



**SARDAR PATEL UNIVERSITY**

Certificate showing the number of marks gained by Shri/Smt./Kum.

**KHIRA SHABINA ALIMOHMAD**

**OF SHRI DR.V.H.DAVE HOMOEOPATHIC MEDICAL COLLEGE**

in each head of passing at the Examination for the Second Year of the Direct Degree Course in Homoeopathic Medicine and Surgery (Part-II) held in April, 1998

Candidate No.	Pathology			Forensic Medicine			Social and Preventive Medicine including Education			Materia Medica			Organon and Homoeopathic Philosophy			Total of Part-II	x x Indicate Failure	Result																																																				
	Theory		Oral	Theory		Oral	Theory		Oral	Theory		Practical	Theory		Practical				Oral																																																			
	70/35	30/15	30/15	70/35	30/15	30/15	70/35	30/15	30/15	70/35	30/15	30/15	70/35	30/15	30/15				30/15																																																			
28	Ext.	46	22	22	19	20	49	20	19	18	46	18	18	53	18	20	440	FIRST																																																				
	Int.	22	13	14	13	15	24	15	12	12	19	12	12	19	13	13	232																																																					
	Total	68	35	36	32	35	73	35	31	30	65	30	30	72	31	33	672																																																					
<table border="1"> <tr> <td>Ext.</td> <td>70/35</td> <td>30/15</td> <td>30/15</td> <td>70/35</td> <td>30/15</td> <td>30/15</td> <td>70/35</td> <td>30/15</td> <td>30/15</td> <td>70/35</td> <td>30/15</td> <td>30/15</td> <td>70/35</td> <td>30/15</td> <td>30/15</td> <td>30/15</td> <td>650</td> </tr> <tr> <td>Int.</td> <td>30</td> <td>20</td> <td>20</td> <td>30</td> <td>20</td> <td>20</td> <td>30</td> <td>20</td> <td>20</td> <td>30</td> <td>20</td> <td>20</td> <td>30</td> <td>20</td> <td>20</td> <td>20</td> <td>350</td> </tr> <tr> <td>Total</td> <td>100/50</td> <td>50/25</td> <td>50/25</td> <td>100/50</td> <td>50/25</td> <td>50/25</td> <td>100/50</td> <td>50/25</td> <td>50/25</td> <td>100/50</td> <td>50/25</td> <td>50/25</td> <td>100/50</td> <td>50/25</td> <td>50/25</td> <td>50/25</td> <td>1000</td> </tr> </table>																	Ext.	70/35	30/15	30/15	70/35	30/15	30/15	70/35	30/15	30/15	70/35	30/15	30/15	70/35	30/15	30/15	30/15	650	Int.	30	20	20	30	20	20	30	20	20	30	20	20	30	20	20	20	350	Total	100/50	50/25	50/25	100/50	50/25	50/25	100/50	50/25	50/25	100/50	50/25	50/25	100/50	50/25	50/25	50/25	1000
Ext.	70/35	30/15	30/15	70/35	30/15	30/15	70/35	30/15	30/15	70/35	30/15	30/15	70/35	30/15	30/15	30/15	650																																																					
Int.	30	20	20	30	20	20	30	20	20	30	20	20	30	20	20	20	350																																																					
Total	100/50	50/25	50/25	100/50	50/25	50/25	100/50	50/25	50/25	100/50	50/25	50/25	100/50	50/25	50/25	50/25	1000																																																					

Vallabh Vidyanagar Received Rs. 10/-

Issue Date : 15-5-98

NOTE : No change in any entry is to be made except by the authority issuing the certificate. Any infringement will be severely dealt with.

*K. M. Patel*

Registrar

TRUE COPY

Principal  
 Shree Dr. V. H. Dave Hom. Medi. College  
 Hahnemann House, Anand Dairy Road, Anand

N. B.: No change in any entry in this certificate shall be made except by the authority issuing it and any infringement of this requirement is liable to involve the imposition of penalty such as that of rustication



**Bharatiya Vidya Bhavan's**  
**NARMADA VIDYALAYA**

NARMADANAGAR. BHARUCH-392 015.

[ See Rule 12-1 in chapter IV of the grant in-aid-code ]

**Primary / Secondary / Higher Secondary Section**

**GUJARATI / ENGLISH MEDIUM**

**SCHOOL LEAVING CERTIFICATE**

Certificate Sr. No.

**1995**

Pupil's Register No. **560**

1 Name of the pupil beginning with surname ૧ વિદ્યાર્થીનું પુરુપુરું નામ (અટક પ્રથમ લખવી.)	Khira Shabinebahem. Alimah- mad
2 Race & caste (with sub-caste) ૨ ધર્મ અને જાતિ (પેટા જાતિ)	Muslim Sumara.
3 Place of Birth ૩ જન્મ સ્થળ	Mithapur Dist- Jamnagar.
4 Date of Birth month & year according to Christian Era in figures & words ૪ ખ્રીસ્તીસન પ્રમાણે જન્મ તારીખ, માસ અને વર્ષ	આંકડામાં 28/09/1977 Twenty eight શબ્દમાં Sept. Nin. Seventy seven.
5 Last school attended ૫ છેલ્લી કઈ શાળામાં ભણ્યો	Govt. school Narmadanagar, Bharuch
6 Date of admission (with standard) ૬ દાખલ થયાની તારીખ ધોરણ સહિત	19-07-93 Std - XI <sup>th</sup> Eng. Med Sci. Stream
7 Progress ૭ અભ્યાસ	Good
8 Conduct ૮ આસત્વલગત	Good
9 Date of leaving the school ૯ નિશાળ છોડ્યા તારીખ	31-05-95
10 Standard in which studying & since when ૧૦ કયા ધોરણમાં અને કયારથી અભ્યાસ કરે છે.	Std - XII (Twelfth) since June-1994
11 Reason of leaving School ૧૧ નિશાળ છોડ્યાનું કારણ	Completion of H.S.C course
12 Attendance (No. of days) ૧૨ હાજર દિવસ	In std _____ during the school year _____ days out of days _____ ધોરણમાં શૈક્ષણિક વર્ષમાં _____ દિવસમાંથી હાજર દિવસ _____
13 Fees due to the School-paid or not ? ૧૩ શાળામાં ફી ભરવામાં આવી છે કે નહિ ?	Paid
14 Remarks ૧૪ શેરો	Sent up for H.S.C Board examination March-1995

Certified that the above information is in accordance with the School Register.

Date **31-05-1995**

Checked by

Class Teacher

**TRUE COPY**

Principal  
Bharatiya Vidya Bhavan's  
Narmada Vidyalaya  
Narmadanagar, Bharuch.  
Narmadanagar-392015.

## SARDAR PATEL UNIVERSITY



Certificate showing the number of marks gained by Shri/Smt./Kum.

KHIRA SHABINA ALIMOHMADBHAI

of V.H.DAVE HOMOEOPATHIC MEDICAL COLLEGE, ANAND

in each head of passing at the Examination for the Third Year of the Direct Degree Course in Homoeopathic Medicine and Surgery (Part-III), held in April, 1999.

Candidate No.	Particulars	Surgery and Homoeopathic Therapeutics Papers I & II			Obstetrics & Gynaecology and Homoeopathic Therapeutics Papers I & II			Organon and Homoeopathic Philosophy Papers I & II			Materia Medica			Total of Part-III	x x Indicate Failure
		Theory	Practical	Oral	Theory	Practical	Oral	Theory	Practical	Oral	Theory	Practical	Oral		
		Ext.	Int.	Total	Ext.	Int.	Total	Ext.	Int.	Total	Ext.	Int.	Total		
		140/70	60/30	60/30	140/70	60/30	60/30	140/70	60/30	60/30	70/35	60/30	60/30	970	
		60	40	40	60	40	40	60	40	40	30	40	40	530	
		200/100	100/50	100/50	200/100	100/50	100/50	200/100	100/50	100/50	100/50	100/50	100/50	1500	
29	Ext.	85	40	38	97	42	48	79	33	32	41	36	36	607	
	Int.	43	27	28	45	26	28	45	28	26	19	28	29	372	
Marks Obtained	Total	128	67	66	142	68	76	124	61	58	60	64	65	979	FIRST

Valishk Vidyasagar  
Issue Date : 14-5-99

Received Rs. 10/-

NOTE : No change in any entry is to be made except by the authority issuing the certificate. Any infringement will be severely dealt with.

I/c Registrar

TRUE COPY

Principal

Shree Dr. V. H. Dave Hom. Medi. College  
Hahnemann House, Anand Road, Anand



## SARDAR PATEL UNIVERSITY

Certificate showing the number of marks gained by Shri/Smt./Kum.

KHIRA SHABINA ALIMDHAMAD

of V.H.DAVE HOMOEOPATHIC MEDICAL COLLEGE, ANAND

in each head of passing at the Examination for the Fourth Year of the Direct Degree Course in Homoeopathic Medicine and Surgery (Part-IV) held in March-April 2000

Candidate No.	Particulars	Medicine and Homoeopathic Therapeutics Papers I & II			Homoeopathic Materia Medica Papers I & II			Repertory			Total of Part-IV	x x Indicate Failure ** Indicate Exemption Result
		Theory	Practical	Oral	Theory	Practical	Oral	Theory	Practical	Oral		
		Ext	Int	Total	Ext	Int	Total	Ext	Int	Total		
		140/70	60/30	60/30	140/70	60/30	60/30	70/35	30/15	30/15	650	
		60	40	40	60	40	40	30	20	20	350	
		200/100	100/50	100/50	200/100	100/50	100/50	100/50	50/25	50/25	1000	
28	Ext.	93	42	36	102	45	47	57	20	20	462	
	Int.	44	24	31	46	27	32	23	15	13	255	
	Total	137	66	67	148	72	79	80	35	33	717	FIRST D.

Vallabb Vidyanagar

Received Rs. 10/-

Issue Date: 18-5-2000

NOTE: No change in any entry is to be made except by the authority issuing the certificate. Any infringement will be severely dealt with.

*[Signature]*

1/c Re

TRUE COPY

Principal

Shree Dr. V. H. Dave Hom. Medi. College  
Hahnemann House, Anand Dairy Road, Anand

**COUNCIL OF HOMOEOPATHIC SYSTEM OF MEDICINE**  
**GUJARAT STATE**

Pro. Reg. No. 296

This is to certify that Mr./Miss. Shabirababen Ali  
Mahmad Khizer Student of D.V.H-Dave H.M.C. Arund  
college, has passed B.H.M.S. Examination April 2000  
and he/she is under the training for Twelve month in the college  
Hospital/~~Government Hospital/Consultant Homoeopaths.~~

In witness where of are herewith affixed the seal of the Council  
of Homoeopathic System of Medicine, Gujarat and the signature of the  
Registrar.

This Provisional Registration Certificate is valid up to 2-7-2001  
19



**28 JUN 2000**

N. K. U. Patil  
REGISTRAR.

Phone No.41725

DR.V.H.DAVE HOMOEOPATHIC MEDICAL COLLEGE, &  
SMT.S.I.PATEL(IPCOWALA) HOMOEOPATHIC HOSPITAL,  
"HAHNEMANN HOUSE", AMUL DAIRY ROAD, ANAND.

B.H/ 24/2001

Date: 31/7/2001

C E R T I F I C A T E

This is to certify that Dr. KHIRA SHABINABAHEN

ALIMAHMAD was student of this college.

~~He~~ / She has passed ~~his~~ / her final B.H.M.S. Examination  
held by Sardar Patel Univeristy, Vallabh Vidyanagar in  
April'2000.

~~He~~ / She has been completed internship Training  
for twelve months at our Homoeopathic Hospital from  
Dt. 3-7-2000 toDt. 2-7-2001.

To the best of my knowledge ~~he~~ / she bears  
good moral character.

*(Signature)*  
(Dr. P. L. Dore)

*Principal & Superintendent,*  
Dr.V.H.Dave Homoeo. Medi. College &  
Smt.S.I.Patel (I) Homoeo.Hospital,  
Hahnemann House, Amul Dairy Road,  
A N A N D.



# SARDAR PATEL UNIVERSITY

VALLABH VIDYANAGAR

No 00124




I certify that Khira Shabana Alimohamad  
passed the Fourth Year of the Direct Degree Course in  
Homoeopathic Medicine and Surgery (Part-IV)  
Examination held by the Sardar Patel University in the month  
of ~~March-April~~ 2000, and was placed in the First Class.  
with Distinction

Date : 3/7/01

Vallabh Vidyanagar

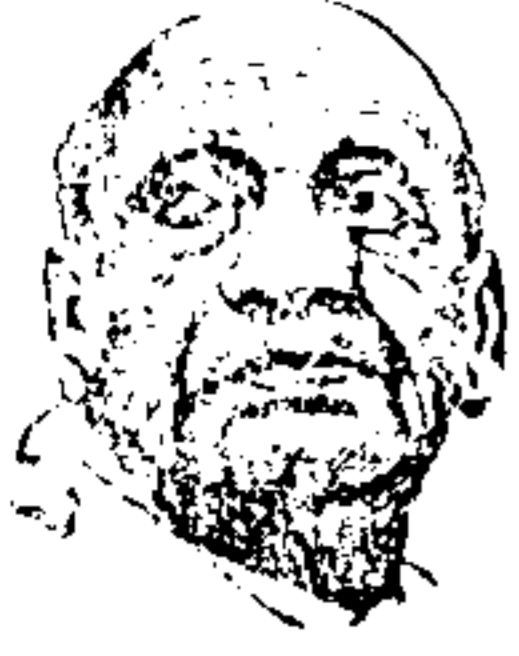
  
Dy. Registrar

*True Copy*

  
Civil Hospital, Ahmedabad,

CR-5271

5107



# Sardar Patel University

Upon the Nomination of the Senate has conferred upon  
Shabina Alimohmad Khira

of the Shree Dr. D. H. Dave Homoeopathic Medical College  
the Degree of

## Bachelor of Homoeopathic Medicine & Surgery

in First Class with Distinction

Given under the Seal of the University at Vallabh Vidyanagar  
in the State of Gujarat  
on this fifteenth day of December in the year  
Two Thousand One



*Sundar Singh Shandari*

Chancellor

TRUE COPY

*[Signature]*  
**PRINCIPAL**

Bharatiya Vidya Bhawan's  
Narmada Vidyapeeth  
Narmadanagar DHARUCH - 392 015