

FORM - A

(See Regulation 4)

Form of application for direct registration under section 23 of Homoeopathy Central Council Act, 1973 (59 of 1973).

To,

The Registrar,
Central Council of Homoeopathy,
Janakpuri,
New Delhi

Attested photograph
Pl. see S.No.3 under
N.B.

Dear Sir,

I hereby request that my name and other particulars as mentioned below may be entered in the Central Register of Homoeopathy as required under section 23 of Homoeopathy Central Council Act, 1973.

- I
1. Full Name
(in block letters beginning with surname)
 2. Maiden name if applicant is a woman and surname
(in block letters beginning with surname)
 3. Nationality :
 4. Residential address :
 5. Professional address :
 6. Date of birth (Christian Era).
 7. (a) Qualification for registration possessed by applicant.
(b) Date on which the applicant obtained the qualification.
(c) Authority which conferred or granted the qualification.
(d) The College and Hospital where the applicant received education and internship training for obtaining such qualification and the years (period) of such education and internship training.
(e) The name of the State/Union Territory Board or Council where he had registered earlier if any.
- II. I forward herewith one attested copy each of ;
- (i) Matriculation Certificate or Secondary School Certificate or passport or any other document regarding proof of date of birth.
 - (ii) One attested copy of Internship completion certificate.
 - (iii) One attested copy of Diploma or Degree Certificate in respect of the medical Qualification possessed by me.
- III. Registration fee of Rs.2000/- (Rupees two thousand including rupees four hundreds Registration Fees and one thousand six hundred as service charges only) remitted by postal order or Bank Draft No..... in favour of 'Central Council of Homoeopathy' payable at Delhi or New Delhi.
- N.B. In case of rejection of application the service charges shall not be refunded to the applicant.
I certify that particulars furnished above are true to the best of my knowledge and belief.

Yours faithfully,
(Signature of the applicant)

Date :

Place :

N.B. : The following documents/information may also be furnished.

1. Father's Name :
2. Mother's Name
3. Two recent passport size photographs of the applicant (including one only attested from a Gazetted Officer or the Principal of a recognized Homoeopathic Medical College or attested by an Officer of Government created autonomous/statutory/public sector organization having equivalent status to a Gazetted Officer of the Central Government or by the existing Member of Central Council of Homoeopathy or a member of the Legislative Assembly of the State within jurisdiction the applicant resides or a Member of Parliament and the same should be affixed on the application form).
4. An attested copy of any document confirming the applicants residential address which may be Indian Election Commissions Identity Card or the Passport or the Driving License or Ration Card/ Adhar Card/Telephone Bill of Mahanagar Telephone Nigam Limited or Bharat Sanchar Nigam Limited/Electricity Bill or Identity Card issued by State Board or Council of Homoeopathy.
5. One attested copy of the registration certificate issued by the State Board/Council of Homoeopathy of the concerned State where applicant resides or practicing.
6. Copy of the Oath Form (enclosed) must be signed by the applicant and duly attested by the Registered Medical Practitioner of Homoeopathy with his Registration Number and seal.

DECLARATION AND OATH

1. I solemnly pledge myself to consecrate my life to the service of humanity.
2. Even under threat, I will not use my medical knowledge contrary to laws of humanity.
3. I will maintain the utmost respect of human life.
4. I will not permit considerations of religion, nationality, race, political beliefs or social standing to intervene between my duty and my patient.
5. I will practice my profession with conscience and dignity in accordance with principles of homoeopathy and/ or in accordance with the principles of biochemic medicine (tissue remedies).
6. The health of my patient shall be my first consideration.
7. I will respect the secrets which are confined to me.
8. I will give to my teachers the respect and gratitude which is their due.
9. I will maintain by all means in my power the honour and noble traditions of medical profession.
10. My colleagues will be my brothers and sisters.
11. I make these promises solemnly, freely and upon my honour.

“On my honour I swear that I shall practise the teachings of homoeopathy, perform my duty, render justice to my patients and the sick whosoever comes to me for treatment.

May the teachings of Master Hahnemann inspire me and may I have the strength for fulfillment of my mission”.

N.B. The Declaration & Oath should be signed by the applicant and duly attested by a Registered Medical Practitioner of Homoeopathy with his Registration Number and Seal.

(Signature of the candidate)

Name:.....

Date:.....

Signatures of Doctor attesting the Oath _____

Name of Attesting Doctor _____

Regn. No. of Attesting Doctor _____