

FORM B

[See regulation 5]

Form of application for registration of additional qualification.

To,

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

Dear Sir,

I am a registered practitioner of Homoeopathy and my Registration Number is.....I have acquired an additional qualification in Homoeopathy and desire to register the same under regulation 5 of the Homoeopathy Central Council (Registration) Regulations, 1982. My particulars are as under:

- I. (1) Full name (in block letters beginning with surname)
- (2) Maiden name, if the applicant is a Married woman and surname (in Block letters beginning with Surname).
- (3) Nationality
- (4) Residential address
- (5) Professional address
- (6) Date of Birth (Christian Era)
- (7) Additional qualifications sought to be entered in the register.
 - (a) The authority which conferred or granted the additional qualification.
 - (b) The date on which the qualification Was conferred/granted.
 - (c) Details of training leading to conferment of the additional qualification, including the period of such training.

(8) Number and date of registration in the Central Register.

(9) Number and date of registration in the State Register.

I forward herewith.

- II
- (i) the additional Title/Diploma/other qualification (in original)
 - (ii) two attested copies thereof, attested by one of the persons referred to in clause (iii) of sub-regulation (2) of Regulation 4 of the Homoeopathy Central Council (Registration) Regulations. 1982.
 - (iii) A fee of Rs. 500/- (Five Hundred rupees including service charge of Sixty rupees) by crossed Postal Order/Bank Draft in the name of "The Central Council of Homoeopathy, New Delhi."
- III The originals may kindly be returned to me after verification by you.

Yours faithfully,

Signature of the applicant

Date:

Place: