

FORM – AA

{ See Regulation 9A (2) }

Form of application for direct registration under section 23 of Homoeopathy Central Council Act, 1973 (59 of 1973) to be filled by candidate residing/practicing in a State/U.T. having no State Board/Council of Homoeopathy.

To,

The Registrar,
Central Council of Homeopathy,
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 (59 of 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. Name of Authority which conferred or granted the qualification.
- d. The College and Hospital where the applicant received education & internship
 training for obtaining such qualification and the years (period) of such education &
 internship training.

- 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) Internship completion certificate.
 - iii) Diploma/Degree Certificate in respect of the medical Qualification possessed by me.
- III.** Registration fee of rupees two thousand (rupees one thousand six hundred towards service charges and rupees four hundred towards registration fee) remitted by Postal Order/Bank Draft No.....**in favour of 'Central Council of Homoeopathy' payable at Delhi/New Delhi.**

In case of rejection of application I shall not claim refund of the service charges paid.

I certify that there is no State Board/Council of Homoeopathy in the State/U.T. wherein I reside/practice.

Yours faithfully,

(Signature of the applicant)

Date :

Place :

The following documents/information may also be furnished.

1. Father's Name :.....
2. Mother's Name
3. Two recent passport size photographs of applicant (including one only attested from a Gazetted Officer or the Principal of a recognized Homoeopathic Medical College or attested by the an Officer of Government created autonomous/statutory/public sector organization having equivalent status to a Central Govt. Gazetted Officer 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 Licensing or Ration Card/ Aadhar Card/Telephone Bill of MTNL/BSNL, Electricity Bill or I.D. Card issued by State Board/ Council of Homoeopathy.
5. 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

At the time of registration, each applicant shall submit the following declaration and oath read and signed by him to the Registrar concerned attested by Registrar himself or by a registered practitioner of Homeopathy:-

- (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 for 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 homeopathy 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 my medical profession.
- (10) My colleagues will be my brothers and sisters.
- (11) I make these promises solemnly, freely and upon my honour.

Hahnemannian Oath

On my honour I swear that I shall practise the teachings of homeopathy, perform my duty, render justice to my patients and help 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.

(Signature of the candidate)

Name:.....

Date:.....

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.

Signatures of Doctor attesting the Oath _____

Name of Attesting Doctor _____

Regn. No. of Attesting Doctor _____

Regn. No. (with name of State Board) & qualification of Attesting Doctor _____

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