

**FORM-D**

**(See rule-7)**

**APPLICATION FOR REGISTRATION OF ADDITIONAL QUALIFICATIONS**

To,

The Registrar,  
The Council of Homoeopathic System of Medicine, Haryana,  
Sector-3, Near Youth Hostel, Panchkula

Sir,

I request that the additional qualification(s) of \_\_\_\_\_  
Which I have obtained from \_\_\_\_\_ in \_\_\_\_\_  
may be registered. The diploma/Certificate of the qualification is/are enclosed which  
may be returned as soon as done with.

I am already registered under the Punjab Practitioners Act, 1965 and my  
Registration number is \_\_\_\_\_.

The prescribed fee of Rs. \_\_\_\_\_ is sent herewith.

Yours faithfully

( )

Signature of the applicant

Date \_\_\_\_\_

Place \_\_\_\_\_