

FORM-B
[See Rule 4 (1)]
FORM OF APPLICATION FOR REGISTRATION OF HARYANA HOMOEOPATHIC
PRACTITIONERS

(Under section 16 of the Punjab Homoeopathic Practitioners Act, 1965)
IMPORTANT : All particulars in this form must be filled in by the applicant in neat legible hand.
Incomplete forms are liable to be rejected.

To

The Registrar,
Council of Homoeopathic Sytsem of Medicine, Haryana,
Chandigarh.

Dear Sir,

I request that my name may be entered in part-A/B of the Register of Practitioners maintained under the Punjab Homoeopathic Practitioners Act, 1965, and that I may be furnished with a Certificate of Registration. Necessary particulars are given below :

1. Name in full (in block letters)
(Maiden name also in case of married woman) ...
2. Father's name (Husband's name in case of married woman) and address —
3. Date of birth ...
4. Name after marriage (if any) (only for married woman) ...
5. Residential address (in block letters) ...
6. (i) Number of entry in the Schedule appended to the Punjab Practitioners Act, 1965 under which registration is sought ...

(ii) All academic and Professional qualifications with reference to relevant entry. ...
7. Place where at present practising (complete address) ...
8. Period of practising Homocopathy ...
9. Have you any other profession ? If so, name it
10. Please mention if your name is already registered in the register of any of the Board / Council. Give Address of Registering Authority and Registration Number and Date ...
11. (i) The prescribed fee of Rs. 45/- for entry in the Register, Rs. 3/- for issuing the Registration Certificate and Rs. 2/- as postage expenditure i. e. total Rs. 50/- have been sent through Money Order ...
(ii) If the fee has been deposited in the Registrar's office

Receipt_____

Date_____

Receipt No_____

Date_____

Yours faithfully,

Place_____

Date_____

(Signature of the applicant)

Continued on reverse