

Council of Homoeopathic System of Medicine – Haryana
Near Youth Hostel, Sector 3, Panchkula-134109

FORM –D

(See Rule-7)

APPLICATION FOR REGISTRATION OF ADDITIONAL QUALIFICATIONS

To

The Registrar
Council of Homoeopathic System of Medicine, Haryana
Sector-3, Panchkula.

Sir,

I request that the additional qualification of _____ which I have obtained from _____ in _____ may be registered. The Diploma/Certificate of the qualifications is/are enclosed which may be registered. The Diploma/Certificate of the qualifications 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. 200/- is deposited through debit/credit card on dated _____.

Yours faithfully

Name & Signature of the Candidate _____

Registration Number: _____

Address: _____

Email: _____

Mobile No. _____

Aadhar No. _____