

FORM D
(Rule 16)
**APPLICATION FOR REGISTRATION OF ADDITIONAL
QUALIFICATIONS**

To
The Registrar,
Board of Homeopathic System Of Medicine,
Delhi

Registered Registration number

Name:

Father Name/Husband

Gender

Address

Diploma/Degree or Certificate
already registered

Qualification of Examination Passed*

Date on which the qualification was obtained:*

Institution from which appeared for the Examination (College Name)*

Drop Down List Select College Name

Name of Council/Board/University*

Drop Down List Select Council/Board/University Name

Candidate Signature**

Choose File

Note: Signature photo must be ".jpg" file format
and maximum Height : 50px and maximum Width : 125px

Passing Certificate **

Choose File

Provisional certificate **

Choose File

Degree certificate/Diploma certificate

Choose File