

Form “C”

(Rule 15)

Form of application For Registration Of Delhi Homeopathic Practitioners

(Under Session 24 of the Delhi homeopathic Act,1956)

To

The Registrar,

Board of Homeopathic System of Medicine,

GNCT of Delhi, IVth Floor, Vikas Bhawan-II,

Delhi-110054.

Dear Sir/Mam,

I request that my name may be entered in the register of practitioners maintained under the Delhi Homeopathic act, 1956, and that i may be furnished with a certificate of Registration . Necessary Particulars are given below: -

Name:

In English

In Hindi

Father Name/Husband

In English

In Hindi

Gender

Drop Down list

Date of Birth

Open Calendar

Age

Birth Place:

Blood Group

Drop Down list

Home Address**

Professional/Clinical Address

Mobile No *

Aadhaar No *

E-mail ID *

Qualification obtained in Delhi State
so please select Clause-I

Clause-I display
already

Qualification of Examination Passed*

Drop down list Select
Qualification

Drop down list Select State

Date on which the qualification was obtained:*

Drop Down List
Select year

Drop Down List
Select Month

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

Internship Period From *dd/mm/yy

To *dd/mm/yy

Open calendar

Open calendar

Note: All attachment size must be less then 5MB

**Passport size photo must be ".jpg" file format (Width: 100px, Height: 120px)

Choose File

****Candidate Signature**

Choose File

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

10th Marksheet **

Choose File

10th passing certificate**

Choose File

12th Marksheet**

Choose File

12th Certificate**

Choose File

1st year BHMS/DHMS Marksheet**

Choose File

2nd year BHMS/DHMS Marksheet**

Choose File

3rd year BHMS/DHMS Marksheet**

Choose File

4th year BHMS/DHMS Marksheet**

Choose File