National Council for Homoeopathy

Fazil Town (Phase-I), Airport Link Road, Rawalpindi. Ph: 051-5409075, 5409003

Application form for Registration of Practitioners of Homoeopathic System of Medicine

Four Copies of Passport Size Photograph

To,

The Registrar
National Council for Homoeopathy,
Islamabad.

Particulars of Applicant:

1. Name (in block letters): _____

2. Father's Name: _____

3. Address: (a) Present _____

_____

(B) Permanent _____

4. Date of Birth _____ In figures _____

5. Sex _____ 6. Religion _____

7. Nationality _____ 8. Academic Qualification _____

Qualification on the basis of which registration is required:

(A) Have you passed examination from any approved Homoeopathic Institution? If so, give:-

I. Name of Institution _____

II. Year of Passing _____

III. Degree/ Diploma / Certificate obtained _____

(B) Are you Registered Medical Practitioner, within the meaning of the medical and Dental Council Ordinance, 1992, and have taken to practice of Homoeopathy? If so, give:-

I. Registration number and

II. Proof of practice in Homoeopathy.

Please Paste here an un-attested copy of passport size photograph

Signature

For Computer Process

For the use of the Council

Received Registration Fee Rs. _____ And identity Card Fee Rs. _____ As Cash/Bank Demand Draft No. _____

_____ Dated _____ Vide NCH Receipt No. _____ Dated _____

Dated: _____

Acctt/Cashier

(C) Have you passed academic examination from any recognized Institution? If so give:

I. Name of Institution _____

II. Year of passing _____

III. Degree/ diploma / Certificate obtained _____

12. Professional Experience: _____

I. Teaching Experience _____

II. Publications _____

III. Research _____

IV. Any other experience _____

V. Basic Knowledge of Homoeopathy _____

VI. Practical training _____

I solemnly declare that the above information given by me is true to the best of my knowledge and belief and that nothing has been withheld or concealed.

I shall abide by the Rules and Regulations made under the Unani, Ayurvedic and Homoeopathic Practitioners Act, 1965

Date _____ Signature of the Applicant

ATTESTATION

I do hereby certify that the applicant, who has put his signature in my presence, is not related to me and that the particulars given by him are true to the best of my knowledge.

Principal / Officer of grade 17 or above
Signature with designation and seal.

Date _____

The application must be accompanied by:

(A) Registration / Dr's Card Fee of Rs. 2228/- be paid to the council in the shape of Bank draft in favour of NCH drawn on Rawalpindi / Islamabad Branch.
(B) Four copied of passport size photograph.
(C) Photo copy Diploma (DHMS) and photostate copies of four years marks sheets etc.
(D) Photo copy of Enrolment Card.
(E) Photo copies of certificates of Academic qualification (S.S.C Must be attached).
(F) Six months practical Homoeopathic experience certificate.
(G) Photocopy of NIC.

Note: All documents must be duly attested by the principal or by officer of grade 17 or above.

Grams "HOMCOUNCIL"
Phone : 051-9243605

Government of Pakistan

National Council for Homoeopathy

Fazal Town (Phase-I), Airport Link Road, Rawalpindi

Ref. No. NCH/F 8-6 /2017 -7021 **Dated:** 31st October 2017

The Principals of:
All Recognized Homoeopathic Medical Colleges

The Editors of:
All Homoeopathic Magazines / Journals

Subject: **VERIFICATION OF SECONDARY SCHOOL CERTIFICATES.**

It has been decided that no application for registration of Practitioners of Homoeopathic System of medicine and renewal of registration will be entertained by NCH unless it is accompanied by verified Secondary School Certificate from the concerned Board. This is one time exercise and kept as permanent record of NCH, for the all concerned. Your co-operation will be highly appreciated.

2. In case of non-verification of certificate from the Boards, the case will be returned unprocessed.

3. This issues with the approval of Administrator, NCH.

(Aamir Nadeem Ramay)
Registrar

Copy to:-

PA to Administrator, NCH