

₹ 100/-

FORM IV-C

CHM/A NO.

[Vide Rule II (2)]

# COUNCIL OF HOMOEOPATHIC MEDICINE, WEST BENGAL



9/1B, Mahatma Gandhi Road (1st Floor), Kolkata - 700 009

E-mail ID : council.homeopathic@gmail.com, Website : www.chmwb.org

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## APPLICATION FOR REGISTRATION

To

The Registrar  
Council of Homoeopathic Medicine, West Bengal  
9/1B, M.G.Road, 1<sup>st</sup> Floor  
Kolkata- 700009

Sir,

I beg to apply for registration of my name as a Homoeopath Practitioner, under section 23 read with sub-section (I) of Section 21 of the West Bengal Homoeopathic System of Medicine Act, 1963 (West Bengal Act XXXIII of 1963).

Particulars about myself are furnished below :

1. Name in full (in block letters) Sri/ Smt \_\_\_\_\_

2. Date of Birth \_\_\_\_\_

3. Father's / Husband's Name \_\_\_\_\_

4. Particulars of qualifications \_\_\_\_\_

5. The address which is to be the registered address (in block letters) \_\_\_\_\_

\_\_\_\_\_ Pin \_\_\_\_\_

Mob. \_\_\_\_\_ Aadhar No. \_\_\_\_\_

6. (a) If the name of the applicant was ever registered with the General Council and State Faculty of Homoeopathic Medicine, West Bengal / Council of any other State / Council of Homoeopathic Medicine, West Bengal \_\_\_\_\_

(b) If so, if the said registration is still valid \_\_\_\_\_

(c) If not, the reasons therefore. \_\_\_\_\_

7. (a) Student's Registration No \_\_\_\_\_

(b) Roll No. with which Final D.M.S / D.H.M.S / B.H.M.S Examination Passed : \_\_\_\_\_

(c) Year of passing (held in) D.M.S/D.H.M.S/B.H.M.S Examination \_\_\_\_\_

(d) Name of the College \_\_\_\_\_

8. Present Address \_\_\_\_\_

## DECLARATION

I, Sir/Smt \_\_\_\_\_ (Applicant)

hereby declare that the statements made above are correct, I further declare that I shall maintain the dignity and ethical standard of the profession in my practice as a Homoeopath.

I undertake that I shall duly intimate to the Registrar any change of my address or place of practice.

Attested Xerox copies of all mark sheets including Madhyamik Admit, (10+2) mark sheet both sides Xerox, Student's Regn. Certificate, Original Provisional and Internship Certificate, Aadhar Card and also four **copies stamp size recent colour photo** are submitted herewith.

The prescribed fee of Rs. \_\_\_\_\_ is submitted herewith.

Dated :

Full Signature of the Applicant

**Rs. 100/-**



**No.**

## *Declaration and Oath*

1. I solemnly pledge myself to consecrate my life. to the service of humanity.
2. Even under threat, I will not use my medical knowledge contrary to the laws of humanity.
3. I will maintain the utmost respect for human life.
4. I will not permit consideration of religion, nationality, race, political beliefs or social standing to intervene between my duty my patient.
5. I will practise my profession with conscience and dignity in accordance with the principles of Homoeopathy and / or in accordance with the principles of biochemic system of medicine (tissue remedies).
6. The health of my patient shall be my first consideration.
7. I will respect the secrets which are confided to me.
8. I will give to my teachers the respect and gratitude which is their due.
9. I will remain by all means in my power the honour and noble traditions of medical profession.
10. My colleagues will be my brothers and sisters.
11. I make these promises solemnly, freely, and upon my honour.

### ***Hahnemannian Oath***

“On my honour I swear that I shall practise the teachings of Homoeopathy, perform my duty, render justice to my patients and help the sick whosoever comes to me for treatment.

May the teachings of master Hahnemann inspire me and may I have the strength for fulfilment of my mission.”

*Attested by*

\_\_\_\_\_  
Full Signature of the applicant with date

\_\_\_\_\_  
Registrar

Regn. No. \_\_\_\_\_

\_\_\_\_\_  
Signature of the Issuing Staff