

To

The Registrar
Council of Indian Medicine Haryana
Panchkula

Application for Registration under section 15 of the Punjab Ayurvedic and Unani Practitioners Act, 1963.

Sir,

I am to request you to please register my name as an Ayurvedic/Unani Practitioner in Part-I of the Register maintained under the Punjab Ayurvedic and Unani Practitioner Act, 1963. Necessary practitioners concerning my case are given here below for your information and record.

Dated-----

.....
Signature of the applicant.

Note:- All cuttings in the application form must be signed by the Applicant himself.

1. Name of the applicant
(in Block letters)
2. (a) Married name if nay
(to be filled in block letters by married women only).
3. Father's /husband's name
4. Place where practising/will practise Village/Mohalla

Post office----- Distt.-----Tehsil-----
Police Station-----

5. Date of Birth
(attach a copy of certification in support of date of birth.)
6. System in which practising (Ayurvedic/Unani)
7. (a) Name and address of recognised Faculty/Board/University where studied.

(b) Period of study in the institutions mentioned above.

(c) The name of examination passed

(d) Year in which passed

8. Whether your name is registered in Register of any State Board

(a) Enrolment No. Of Register List. (Enclose copy of Certificate)

(b) Name of State Board.

9. Three thousand rupees for making entry in the Register
Demand Draft /Receipt No.-----dated-----has been sent.
(b) In case the fee is paid in cash leave give official Receipt No.

Notes :-

- (1) The registration fee may be sent by money order or may be given in cash in the Registrar, Council of Indian Medicine Haryana, Panchkula.
- (2) The diploma/degree of the recognised institutions may be sent along with this application.
- (3) Strike out the columns/words which are not applicable.

.....
Signature of the applicant.

AFFIDAVIT

I, -----Son/daughter of Shri-----
Resident of Village -----Post office-----
Police Station-----Tehsil-----
District-----and to practice at Village/Mohalla-----
Post Office-----Police Station-----
Tehsil-----District-----

Solemnly declare as follows :-

- (a) That I have not been convicted and sentenced by Criminal Court to imprisonment for any offence involving moral turpitude.
- (b) That I have not been adjudicated by a competent Court to be of un-sound mind.
- (c) That I am not an undischarged insolvent.
- (d) That my name has not been removed from the Register of practitioner maintained by any State Board/Council of Parishad for professional misconduct.
- (e) That I have gone through the Punjab Ayurvedic and Unani Practitioners Act, 1963 and rules framed thereunder. I promise to abide by the provisions of the said Act and Rules.

I solemnly declare and affirm that the contents given in my application for registration and in paras(a) to (e) above are true and correct to the best of my knowledge and belief. I further declare on Oath that nothing relevant has been concealed.

Dated : _____ Signature of applicant

Note:- The affidavit is to be attested by Notary or Magistrate First Class.

Attested:-

Signature of the Attesting authority
Name in Full Block Letters.-----
Designation -----
Place-----
Date-----

(To be filled in by the office)

Registration application received on -----Diary No.-----

(a) Fee for making entry in the Register and for issuing certificate received on -----

Official receipt No.-----dated-----

Cash Book Page No.-----Personal Ledger-----

Page No.-----

Signature of Cashier-----

Signature of Accountant

Order of the Registrar-----

Registration No.-----

Original Certificates scrutinized and returned on

Registration Certificate issued vide No.-----dated -----