

**FORM-A**

(See Rule-4)

**FORM OF APPLICATION FOR DIRECT REGISTRATION UNDER SECTION-10 OF ARUNACHAL PRADESH  
HOMOEOPATHY COUNCIL ACT,1998(ACT. NO.1.OF 1999)**

To,

The Registrar,  
Arunachal Pradesh Homoeopathy Council  
Naharlagun,

Dear,

I hereby request that my name and other particulars as mentioned below may be Entered in the State Register of Homoeopathy as required under section-10 of the Arunachal Pradesh Homoeopathy Council act.1998 (Act No.1 of 1999).

(I)

1. Full Name (In block letters beginning with surname) :-
2. Maiden Name, if the applicant is a married women :-  
And Surname (In block letters beginning with surname)
3. Father's/Husband's Name :-
4. Nationality :-
5. Residential Address :-
6. Professional Address :-
7. Date of Birth(Christian Era) :-
8.
  - a. Qualification for registration possessed by the applicant :-
  - b. Date on which the applicant obtained the qualification :-
  - c. Authority which conferred or granted the qualification :-
  - d. The place where the Internship applicant received :-

- (II) Forward herewith:
1. My Birth/Matriculation Certificate/School leaving Certificate in original.
  2. Diploma/Degree Certificate in original in respect of the qualification possessed by me together with two attested copies thereof.
- (III) The Original may kindly be returned to me after verification by you.
- (IV) Registration fee of Rs.2000/- (Rupees Two Thousand) only is remitted by place/Bank Draft.....
- (V) I certify that the particulars furnished above are true to the best of my knowledge and belief.

Date: -

Place: -

Yours Faithfully

Signature in Full Name