

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 :-

(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) Provisional Registration fee of Rs.500 /- (Rupees Five Hundred) 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

