

₹ 100/-

No.

# 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

## APPLICATION FOR CANCELLATION OF REGISTRATION

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

Sir,

I beg to apply for cancellation of my name as a Homoeopathic practitioner from your state registrar as I wish to reside out side West Bengal and to start practice in new state.

Particulars about myself are furnished below :

1. Name in full (in block letters) DR.....  
.....
2. Father's / Husband's Name.....
3. Particulars of qualifications.....
4. Registration No with West Bengal State Council.....
5. (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.....
6. (a) Student's Registration No.....  
(b) Year of passing (held in) D.M.S / D.H.M.S / B.H.M.S. Examination.....  
(c) Name of the College.....
7. Present Address.....
8. Phone No.....
9. Name of the State where he want to be registerd.....
10. Submitted Original Registration Certificate.....

### DECLARATION

I, Dr.....  
(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.

The Prescribed fee of Rs..... is submitted herewith.

Dated.....

*Checked & Verified by*

*Full Signature of the Applicant*