

₹ 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

Fix
Stamp Size
Photograph
of
Candidate

Application for seeking permission to practice in other State

To

The Registrar

Council of Homoeopathic Medicine, West Bengal

9/1B, M.G. Road, 1st Floor,

Kolkata - 700009

Sub-For enrollment to practice in _____ State-reg.

Madam / Sir,

I am in possession of _____ qualification and having valid Regn. No. _____ issued by _____ State Medical Council for Homoeopathy / Registering Authority on _____.

I desire to practice at _____ (address) a period of _____ w.e.f. _____. Kindly add my name in your Adjunct Register and issue me enrollment letter. My Registration is updated till date. I am ready to pay required fee. Self-attested copies of following documents are enclosed namely :-

- (i) Degree / Diploma :
- (ii) Internship certificate :
- (iii) Registration Certificate with proof of update, if required :
- (iv) New address proof :
- (v) Any other document.
- (vi) 3 Copy Stamp Size Photograph

It is certified that no ethical proceedings of any type are pending against me with any authority / State.

Thanking you.

Yours sincerely,

Date : _____

(_____)

Add : _____

Email : _____

Mob : _____