

Rs. 100/-

₹ 100/- CERTIFICATE COURSE IN HOMOEOPATHIC PHARMACY
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

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APPLICATION FORM FOR REGISTRATION OF STUDENTS

SESSION.....

Sl. No. HC/ST.....

Session.....

Serial No.HS/ST.....

1. Name (in block letters).....

2. Permanent Address.....

Mobile No.....

3. Location Address.....

4. Father's / Husband's Name.....

5. Local Guardian and Address.....

6. Age.....(7) Sex.....(8) Nationality.....

9. Name of College through which applying.....

10. Class to which admitted.....

11. Name of the State Wherefrom migrated.....

12. Academic Qualification :-

(a) Examination Passed.....

(Attested copy of Certificate / Mark Sheet to be attached)

(b) Under the University/ Board.....in the year.....

(c) Name of the School/College Last Studied.....

Forwarded

Signature of the Principal of the

College with College Seal

Full Signature of the Applicant

(To be filled in by the Office)

1 Student's Registration Number.....

2. Date of Receipt of payment.....Date of entry.....

3. Students Registration Receipt issued on.....

4. Migration Receipt issued on.....

Checked & Verilled

By.....

REGISTRAR

Registrar

Serial No.HS/ST.....

Session.....

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CERTIFICATE COURSE IN HOMOEOPATHIC PHARMACY
STUDENT'S REGISTRATION CERTIFICATE

Kolkata, the.....202

Sri/Sm.....

Son/daughter/wife of.....of Homoeopathic

Pharmacy College.....has been register as student of the Council.

His/Her Registration Number is.....of 202.....

(To be filled in by the Council)



Full Signature of the Candidate

Registrar

(To be filled in by the College)

Student's Regn. No.....