

S. No. \_\_\_\_\_

# National Council for Homoeopathy

Fazil Town (Phase-I), Airport Link Road, Rawalpindi. Ph: 051-5409075, 5409003  
Application for Renewal of Registration of Practitioners of Homoeopathic System of Medicine



Three Copies  
of Passport  
Size Photograph  
duly attested.

To,  
The Registrar  
National Council for Homoeopathy,  
Islamabad.

Particulars of Applicant:

1. Name (in block letters): \_\_\_\_\_

2. Father's Name: \_\_\_\_\_

3. Address: (a) Present \_\_\_\_\_

(B) Permanent \_\_\_\_\_

4. Date of Birth \_\_\_\_\_ In figures \_\_\_\_\_

5. Sex \_\_\_\_\_ 6. Religion \_\_\_\_\_

7. Nationality \_\_\_\_\_ 8. Identity Card No \_\_\_\_\_

9. Contact Number \_\_\_\_\_ 10. e-mail: \_\_\_\_\_

11. NCH Registration Card No. \_\_\_\_\_

12. NCH Registration No. \_\_\_\_\_

Date of Renewal \_\_\_\_\_ Year of Registration \_\_\_\_\_

13. Professional Experience:-

(I) Teaching experience \_\_\_\_\_

(ii) Publications \_\_\_\_\_

(iii) Research \_\_\_\_\_

(iv) Practical Experience \_\_\_\_\_

(v) Basic Knowledge of Homoeopathy \_\_\_\_\_

I solemnly declare that the above information given by me is true to the best of my knowledge and belief and that nothing has been withheld or concealed.

I shall abide by the rules and regulations made under the Unani, Ayurvedic and Homoeopathic Practitioners Act, 1965.

Date. \_\_\_\_\_

(Signature of the Applicant)

## CERTIFICATE

I Certify that the applicant who has put his signature in my presence is not related to me and that the particulars given by him are true to the best of my knowledge.

(Signature with designation and seal)

Note:-

I. The certificate must be signed by one of the following:-

- (i) District Coordination Officer (DCO),
- (ii) Executive District Officer of Revenues (EDOR),
- (iii) Superintendent/ Deputy Superintendent of Police,
- (iv) Gazetted officer of grade 17 or above and
- (v) Amember of the National Assembly or a Provincial Assembly

2. The application must be accompanied by:-

- (A) A bank draft or postal order of Rs. 1520/- in favour of the Council as Renewal / Registration / Dr's id card fee.
- (B) Three copies of passport size photograph of the applicant.
- (C) Photostate of certificate of registration and NIC Card, duly attested by Gazatted Officer of grade 16 or above.



Grams "HOMCOUNCIL"  
Phone : 051-9243605

Government of Pakistan

# National Council for Homoeopathy

Fazal Town (Phase-I), Airport Link Road, Rawalpindi

Ref. No. NCH/F 8-6/2017 -7021

Dated: 24<sup>th</sup> October 2017

The Principals of:

All Recognized Homoeopathic Medical Colleges

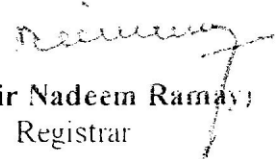
The Editors of:

All Homoeopathic Magazines / Journals

Subject: VERIFICATION OF SECONDARY SCHOOL CERTIFICATES.

It has been decided that no application for registration of Practitioners of Homoeopathic System of medicine and renewal of registration will be entertained by NCH unless it is accompanied by verified Secondary School Certificate from the concerned Board. This is one time exercise and kept as permanent record of NCH, for the all concerned. Your co-operation will be highly appreciated.

2. In case of non-verification of certificate from the Boards, the case will be returned unprocessed.
3. This issues with the approval of Administrator, NCH.

  
(Aamir Nadeem Ramay)  
Registrar

Copy to:-

PA to Administrator, NCH