

Sub-regulation 2(i) of Regulation 8
National Commission for Homoeopathy
JawaharLal Nehru Bharatiya Chikitsa Avum Homoeopathy anusandhan Bahvan,
61-65, Institutional Area, Opp. 'D' Block, JanakPuri, New Delhi - 58
Application for seeking permission to practice in Kerala State.

To,

The Registrar
Kerala State Medical Councils
Red Cross Road, Trivandrum
Kerala- 695 035.

Sub:- For Enrollment to Practice/Study in Kerala 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/Study at _____ (address) for a period of 3 years. Kindly add my name in your Adjunct (Enrollment) Register and issue me Enrollment letter. My Registration is updated till date. I am ready to pay fee of Rs.3000/- via demand draft (DD) in the name of The Registrar, Kerala State Medical Councils, Red Cross Road, Trivandrum, Kerala- 695 035. The copies of following documents attested by Kerala State Government Gazetted Officers are enclosed:-

- (i) Degree/Diploma Certificate;
- (ii) Internship certificate;
- (iii) Registration Certificate (Updated/renewed)
- (iv) New address proof;
- (v) Aadhaar.
- (vi) Eligibility Certificate from Kerala University of Health Sciences (KUHS); (For PG Students Only)
- (vii) Migration Certificate (For PG Students Only)
- (viii) Letter of recommendation from respective College Principals.(For PG Students Only)
- (ix) Ayush PG Provisional Allotment letter.(For PG Students Only)
- (x) All India Ayush PG Entrance Test Score (AIAPGET).(For PG Students Only)

Documents numbered from (i) to (v) are mandatory for those registered Homoeopathy practitioners who seek to practice in Kerala and documents numbered (i) to (x) are mandatory for PG students who wish to pursue higher studies. It is certified that no ethical proceedings of any type are pending against me with any authority / State.

Note: Documents numbered from (vi) to (x) must be self attested by the applicant.

Thanking you.

Dated: _____

Yours Sincerely,

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Add: (Place of Practice/Job/Study)

Email: _____

Mob: _____