

CENTRAL COUNCIL OF INDIAN MEDICINE
(A Statutory Body Under Ministry Of Health & Family Welfare, Deptt. Of AYUSH)
61-65, Institutional Area, Janakpuri, New Delhi - 110058

APPLICATION FORM FOR ENROLMENT CERTIFICATE

1. Name of the applicant (in block letter) : _____
2. Father's Name : _____
3. Address : _____
i) Practice _____
ii) Residence/Correspondence : _____
iii) Details of employment if any with : _____
Designation & name of institution _____
4. Date of birth in Christian era : _____
(in words also) _____
5. Name and full address of the Ayurveda/ : _____
Unani/Siddha institutions attended, with _____
the year of joining and leaving. _____
6. Name of the Degree/Diploma in Ayurveda/ : _____
Unani/Siddha obtained (UG & PG) with the _____
name of University/Board/Faculty/Examining _____
Body/Institution and Year of passing. _____
7. Details of Internship : _____

8. Name of state Boards/Councils with which : _____
practitioner Registered:- _____

9. Regn Number: - : _____

I am enclosing herewith the following documents:-

- (1) Photo copy of the Registration Certificate of the State/Board attested by a Gazetted Officer.
- (2) Photo copy of Medical qualification attested by a Gazetted Officer.
- (3) Two passport size coloured and unstapled photographs.
- (4) Prescribed Fee of Rs. 5,00/- by Demand Draft in favour of THE CENTRAL COUNCIL OF INDIAN MEDICINE, NEW DELHI.

D.D.No. _____ Dated _____ for Rs. _____ only.

(Name & Signature)

Place _____
Date _____