

# **ELECTROHOMEOPATHY MEDICAL COUNCIL, PANCHKULA**

## **1. FOR THE FIRST (NEW) REGISTRATION (FRESH REGISTRATION CERTIFICATE)**

First visit [www.ehmchrgovt.com](http://www.ehmchrgovt.com) for online registration and follow the procedure for online registration which is laid down on the home page of the website. After successful online registration take out the print out of Application Form and then submit the following documents in a **file cover of card board with tag.**

### **DOCUMENTS REQUIRED**

- A. Print out of duly filled Application Form generated online and **three** latest & identical passport size photos of which **1** be duly attested and one non attested along with one ticket size without attested photograph are to be attached.
- B. Proof of deposition of registration fee Rs.5750/- (for three years only) in the form of BANK RECEIPT OF DEPOSITION OR UTR NUMBER.
- C. Original Affidavit on non-judicial stamp paper of Rs. 10/- duly attested by Notary Public **OR** 1<sup>st</sup> Class Magistrate (downloaded from [www.ehmchrgovt.com](http://www.ehmchrgovt.com)).
- D. Self attested copy of 10<sup>th</sup> mark sheet showing Date of Birth, Father's Name and Mother's Name of the applicant.
- E. Self attested copy of 12<sup>th</sup> Pass Certificate from Haryana Board or CBSE Board or any other Govt. Recognized Board showing requisite subjects passed.
- F. Self attested copies of Mark-Sheets of Diploma/Degree in Electrohomeopathy of all the years.
- G. **Original** Character Certificate issued from the institution last attended.
- H. **Original** Provisional Degree Certificate issued by the College/University showing passed Diploma/Degree in examination.
- I. **Original** Practical Training Certificate from recognized Government/Semi Government/Civil Dispensary etc.
- J. Self attested copy of Aadhar Card is mandatory for Aadhar link in order to avoid any duplication.
- K. Self – addressed large size water-proof envelope (25cmX30cm) in size or large size with fixing stamp of Rs. 40/-.

**Note: 1. The applicant is required to verify his/her all original documents from Matric onwards from the office of Council Panchkula on any working day within given timeline.**

**Note: 2. In exceptional cases fee may be deposited in the form of demand draft drawn in favour of Electrohomeopathy Medical Council payable at Panchkula. The demand draft should be drawn from any nationalized bank.**

# **ELECTROHOMEOPATHY MEDICAL COUNCIL**

**Block-A, Office A-1, SCO-34, Chaudhary Complex,  
Sector-12A Panchkula (HR) Pincode-134113**

## **APPLICATION FORM FOR NEW REGISTRATION**

### **INSTRUCTIONS**

1. All particulars must be filled by the applicant in neat & legible handwriting.
2. The names and particulars entered in this application must exactly correspond with the name and particulars of the applicant entered in the Matriculation/10<sup>th</sup> Certificate.
3. Overwriting or Cutting will not be accepted in the Application Form otherwise the form will be rejected.
4. Incomplete application form will be rejected and the fee submitted will be forfeited.
5. Mere filling of application form and submission of fees does not entitle the candidate to be registered in the Electrohomeopathy Medical Council. Only eligible candidates shall be allowed to be registered in the Electrohomeopathy Medical Council.

1	Name of Candidate (in block letters as in Matriculation Certificate)		
2	Father's Name (CAPITAL LETTERS)		
3	Mother's Name (CAPITAL LETTERS)		
4	Place and date of birth (Proof of age to be attached)		
5	Nationality		Indian
6	Married/Unmarried		
7	Residential Address		

8	Contact Details	STD:	
		Phone:	
		Mobile:	
		Email:	

9. Give qualification details (Please strike whichever is not applicable)

Qualification	Session of Admission	Institution Name Address	Name of the Board/University	Year of Passing
10 <sup>th</sup>				
10+2				
D.E.M.S				
B.E.M.S				
M.D				
P.H.D				
Any Other				

10. Details of Practical Training

Name of Hospital with Address \_\_\_\_\_

\_\_\_\_\_

Period of Training from \_\_\_\_\_ to \_\_\_\_\_

Total Hours of Training \_\_\_\_\_

11. Place where at present practicing.....

12. Period of practicing Electrohomeopathy.....

13. Have you any other profession ? if so, name it.....

14. Please mention if your name is already registered in the register of any of the Board/  
Council. Give address of Registering authority and Registration No and date .....

.....

### DECLARATIONS AND OATH

1. I solemnly pledge myself to consecrate my life to the service of humanity.
2. Even under threat, I will not use my medical knowledge contrary to laws of humanity.
3. I will maintain the utmost respect of human life.

4. I will not permit considerations of religion, nationality, race, political beliefs or social standing to intervene between my duty and my patient.
5. I will practice my profession with conscience and dignity in accordance with principles of Electrohomeopathy.
6. The health of my patient shall be my first consideration.
7. I will respect the secrets which are confined to me.
8. I will maintain by all means in my power the honour and noble traditions of medical profession.
9. My colleagues will be my brothers and sisters.
10. I make these promises solemnly freely and upon my honour.

“ On my honour I swear that I shall practice the teachings of Electrohomeopathy, perform my duty, render justice to my patients and the sick whosoever comes to me for treatment.

May the teachings of Master Doctor count Cesare Mattei inspire me and may I have the strength for fulfillment of my mission”

**N.B.** The Declaration & oath should be signed by the applicant and duly attested by a Registered Medical Practitioner of Electrohomeopathy with his Registration Number and Seal.

I hereby declare that the information given in the application form is true and I understand that my application is liable to be rejected summarily or the registration is liable to be cancelled forthwith, if the above information is proved to be false in any particular, at any stage.

<b>Signature of Applicant</b>	<b>:</b>	
<b>Date</b>	<b>:</b>	
<b>Place</b>	<b>:</b>	

**Signature  
of the**

**Doctor attesting the Oath:.....**

**Name of the Attesting Doctor.....**

**Registration no of Attesting Doctor.....**

## AFFIDAVIT FOR NEW REGISTRATION

**To be submitted on a Non-Judicial Stamp Paper of Rs. 10/- duly attested by the 1st Class Magistrate / Notary Public.**

### AFFIDAVIT

I.....S/o,/D/o .....resident of.....  
.....do hereby solemnly affirms and declare as under:-

1. That I am a Citizen of India;
2. That my Date of Birth as per matriculation certificate is.....
3. That I have not been convicted and sentenced by a criminal court to imprisonment for any offence involving moral turpitude;
4. That I have not been adjudicated by a competent Court to be of unsound mind;
5. That I am not an undischarged insolvent;
6. That my name has not been removed from the Register of Practitioners maintained by any state council/Board or Parishad for professional misconduct;
7. That copies of documents attached with application form are correct and genuine and if found fake/false at any stage/time, I shall be held responsible;
8. I shall abide by the canons of professional ethics and other rules laid down from time to time by the Electrohomeopathy Medical Council.

DEPONENT

Verification:

Verified that the above statement of mine is true & correct to the best of my knowledge & nothing has been concealed there in.

DEPONENT

DATED:

PLACE

I know the deponent personally and he has signed in my presence.