VERIFICATION OF DOCUMENTS-FORM

Subject: - Application form of candidate_____ for the verification of the original documents for Registration of Homoeopathic Practitioner's genuineness of relevant documents.

1. Name of the candidate _____
2. Son of/ Daughter of/ Wife of _____
3. Residential Address: _____
4. Postal Address: _____

   has applied for his/her registration to Homoeopathic Practitioners to this office for want of establishing the practice of Homoeopathy in J&K State to this office of Board. The following documents have been submitted with the application form for which the detail as given below in the mentioned columns :-

   A. Affidavit No._____ Dated: _____ Place: _____
   B. Four passport size photographs _____
   C. Bank Transaction I'D._____ _____ Dated:_____
   D. Xerox of Degree, Certificate No. _____ Dated:_____
   E. Xerox of 1st year Marks Card, Certificate No. _____Dated:_____
   F. Xerox of 2nd year Marks Card, Certificate No. _____ Dated:_____
   G. Xerox of 3rd year Marks Card, Certificate No. _____Dated:_____
   H. Xerox of 4th year (final year) Marks Card, Certificate No. _____Dated:_____
   I. Xerox of Internship completion of Certificate No._____Dated:_____
   J. Xerox of Metric Diploma, Certificate No. _____Year of Passing_____
   K. Xerox of Secondary School Marks Card, Roll No. _____Year of Passing_____
   L. Xerox of Character Certificate, No. _____Dated:_____
   M. Xerox of Provisional Certificate, No. _____Dated:_____
   N. Xerox of Domicile Certificate No. _____Dated:_____
   O. Xerox of Migration certificate No. _____Dated: _____
   P. Xerox of College Leaving /Transfer Certificate No._____Dated:_____
   Q. Xerox copy of Additional Qualification/Post Graduation Degree/Diploma/Certificate No._____Year of Passing_____