

HOMOEOPATHIC MEDICAL COUNCIL

Homoeopathic Practitioner's Registration Examination

UNDER SECTION 30(1) OF HOMOEOPATHY ACT, No. 10 OF 2016

APPLICATION FORM

Official use

Reference No. :

Date of receipt :

Medium :- Sinhala
Tamil
English

1. Full Name (in BLOCK CAPITAL) :

2. Name with initials :

3. Postal Address (in BLOCK CAPITAL) :

No. :

Street/ Village :

City :

Postal Code :

4. Date of Birth : 5. Age : 6. Sex : F/M

7. National ID No. :

8. Telephone Number :

Home : Clinic : Mobile :

9. Permanent/ Residential Address :
.....
.....
.....

10. Grama Niladhari Division :

11. Divisional Secretary Division :

12. Police Division :

13. Place and Address of Practice :
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.....
.....

14. Period of practice :

15. Time allocated for Homoeopathic Practice :

16. (i) Are you engaged in any other vocation ? Yes/No

(ii) If yes give details :

17. How do you obtain your Homoeopathic Medicines and Utilities ?

18. Educational Qualifications :

G.C.E. (O/L) Year :

<i>Subjects</i>	<i>Grade</i>
1	
2	
3	
4	
5	
6	
7	
8	

G.C.E. (A/L) Year :

<i>Subjects</i>	<i>Grade</i>
1	
2	
3	
4	

19. Medical or other Professional Qualifications (if any) :

20. Proficiency in English:

(i) Written : (ii) Communication :

21. (i) Have you ever applied for Homoeopathic registration under Section 27 of Homoeopathy Act, No. 7 of 1970 ?
Yes/No

(ii) If yes, give details :

22. Declaration :

I, the undersigned of do hereby declare that all the information given by me in this application are true to the best of my knowledge. I accept that any of the information given by

me in this application is in any way false or incorrect, my application may be rejected. I am also aware that it is a violation of the Homoeopathy Act to provide false information. Having known them I do affix my signature at on the day of 20

Date : Signature :

23. Certification :

I, the Grama Niladhari of GS Division do hereby certify that the applicant is a resident of the above division and he/she is in homoeopathic practice since

Name :
 G. S. Division :
 Date : Signature :

24. Certificate of Divisional Secretary :

I, certify that the above statement is true and correct.
 Date : Signature :

Official Use

Date of Receipt		Interview held on	
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(a) Name of the Candidate :

(b) NIC No. :

(c) Reference No.

(d) Result : Selected Rejected

(e) Signature of Members of interview board.

Name	Signature
1.
2.
3.
4.
5.

(f) Comments if any :

(g) Confirmed by the Registrar : Yes/ No

(h) Signature of the Registrar :

Second Schedule

Application Processing Fee

<i>Fee Type</i>	<i>Amount of fee (Rs.)</i>
Application Scrutinizing Fee	3,000
Examination Fee and Guide	8,000
Referred Examination Fee per Subject	7,000

Third Schedule

Fee for the Certificate of Registration

<i>Fee Type</i>	<i>Amount of fee (Rs.)</i>
Registration Fee	5,000
Revalidation Fee	3,000

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