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**APPLICATION FOR OBTAINING FIRST PROVISIONAL REGISTRATION CERTIFICATE**

**From**

**Dr.**

**D/o/S/o.**

**Address:**

**Pin code:**

**Sir,**

**To**

**The Registrar,**

**Tamil Nadu Homoeopathy Medical Council,**

**Chennai-106.**

|  |  |
| --- | --- |
|  |  |
| **Left Thumb  impression (for  Male)** | **Right Thumb  impression (for  Female)** |

**Sub: First Provisional Registration Certificate — Requested**

**I have completed B.H.M.S. degree course from Homoeopathic**

**Medical College, and I have been awarded with f irst Provisional Certificate from Medical University\_\_\_\_\_\_\_\_. I request you to kindly issue first   
 provisional registration certificate. I enclose the Original Provisional Certificate along with a xerox copy.**

**Yours faithfully,**

**(signature with date)**

**Personal Details:**

**Date of Birth :**

**Blood Group :**

**Mobile No & Email ID :**

**Enclosures:**

**1. Online payment receipt made through bank (Rs.2000/- for TN students,**

**Rs.4000/- for other State students).**

1. **Copy of provisional registration certificate with original (Attested by College Principal)**
2. **Copy of College 1st Year & 4th Year Marksheets (Attested by College Principal)**
3. **Copy of SSLC & HSC Marksheets (Attested by College Principal)**
4. **Copy of Aadhar Card (Attested by College Principal)**