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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)**