

FORM H
(Rule 34)

**Application for re-entry in the register of Homoeopathic Practitioner of
his name removed under section 25 (2).**

To

The Registrar,
Board of Homeopathic System of Medicine,
GNCT of Delhi, IVth Floor, Vikas Bhawan-II,
Delhi-110054.

Dear Sir/Mam,

Registered Registration number

Nname

Qualifications

Date of registration

Date of removal

Home address

****Candidate Signature**

Note: Signature photo must be ".jpg" file format and
maximum Height : 50px and maximum Width : 125px

**** Old Registration Certificate**

**** I Card**