

## **AFFIDAVIT**

I \_\_\_\_\_ Son/daughter of  
Shri \_\_\_\_\_ want to practice in  
Village/Mohalla \_\_\_\_\_ Tehsil \_\_\_\_\_ Post Office  
\_\_\_\_\_ Police Station District \_\_\_\_\_ Solemnly  
declares as follow:

1. That I have gone through the J&K Homoeopathic Practitioners Act/Rule of Provisions for registration of Homoeopathic Practitioners and I promise to abide by the provisions of the said Act to their Rules & regulations including the professional Code of Ethics to enacted by the National Commission for Homoeopathy, Government of India, New Delhi.
2. I hereby declare to practice continuously in Homoeopathic System of Medicine exclusively than other system of Medicine.
3. I have neither undergone/joined any study, course, employment nor engaged/ established any business during the course of professional degree/training/ experience.
4. That my name has not been removed from the register or practitioners maintained by the State Board/Council/National Commission for Homoeopathy nor breach of professional code of ethics and misconduct in practice.
5. I have not been registered at any other State Boards/Councils/National Commission for practitioner of Homoeopathy till date, if I was in case of registration taken the "No Objection Certificate" from such Board/Council before to get final registration from this Board.
6. That I have not been convicted and sentenced by a Criminal Court to imprisonment for any offence involving moral turpitude.
7. That I have not been adjudicated by any competent court to of unsound mind.
8. That I am not an undischarged insolvent.
9. That in the event any of the declaration/information given by me found incorrect or something relevant found concealed, I shall be liable for punitive/criminal action against me and my Registration shall also be liable to be cancelled.
10. I have not obtained my Medical Registration/qualification nor have been registered any elsewhere in the other allied Medical Faculty exclusive the registration of Homoeopathic stream in Board of Homoeopathic System of medicine, J&K.

I solemnly declare and affirm that the contents given in application for registration in para (1) & (09) above are true and correct to the best of my knowledge and belief I further declare on oath nothing relevant has been concealed.

Deponent

Dated: \_\_\_\_\_

Note: The affidavit should be attested by 1<sup>st</sup> Class Judicial Magistrate.

Authorized Signatory