



राष्ट्रीय होम्योपैथीआयोग

National Commission for Homoeopathy

JawaharLal Nehru BhartiyaChikitsaAvum Homoeopathy AnusandhanBhavan
No.61-65, Institutional Area, Opp. 'D' Block, Janakpuri, New Delhi-110 058

Phone: (Direct) 28525582

28520607

Email:berh.nch@gmail.com

Website www.nch.org.in

File No 2-11/2021-BERH/NCH / 8435

Dated:

04 MAR 2022

To,

All Stake holders.

Sub: Draft NCH (Manner of preparation and maintenance of National Register for Homoeopathic Medical Practitioners) Regulations 2022-reg.

Madam/Sir,

I am directed to publish draft NCH (Manner of preparation and maintenance of National Register for Homoeopathic Medical Practitioners) Regulations 2022 on Public Domain through website of the Commission for seeking opinion/advise/suggestions from the Stake holders under Section 10 Sub-Section 1 (h) NCH Act 2020 and Section 23 Sub-Section (d) of G.S.R. 772 (E), Notification dated 18.12.2020 by Ministry of AYUSH, for a period of 30 days with effect from 04.03.2022 to 04.04.2022. The suggestions/opinion/advice may be sent to e-mail ID: berh.nch@gmail.com.

Yours faithfully,

(Dr. K.R. Jarnardanan Nair)
For Secretary I/C, NCH.

NATIONAL COMMISSION FOR HOMOEOPATHY

NOTIFICATION

In exercise of the powers conferred by Section 55 (1) of The National Commission for Homoeopathy Act, 2020 (15 of 2020), the National Commission for Homoeopathy hereby makes the following regulations, namely: -

1. **Short title and commencement** – (1) These regulations may be called the National Commission for Homoeopathy (Manner of preparation and maintenance of National Register for Homoeopathic Medical Practitioners) Regulations, 2022.

(2) They shall come into force on the date of their publication in the Official Gazette.
2. **Definitions** – In these regulations, unless the context otherwise requires: -
 - (a) 'Act' means The National Commission for Homoeopathy Act, 2020 (15 of 2020);
 - (b) 'Commission' means the National Commission for Homoeopathy(NCH) constituted under section 3 of the National Commission for Homoeopathy Act, 2020;
 - (c) 'Board' means The Board of Ethics and Registration for Homoeopathy constituted under section 18 of the National Commission for Homoeopathy Act, 2020;
 - (d) 'Chairperson' means Chairperson of the National Commission for Homoeopathy appointed under section 5 of the NCH Act;
 - (e) 'President' means President of the Board of Ethics and Registration for Homoeopathy appointed under section 20 of NCH Act;
 - (f) 'State Medical Council' means State Homoeopathic Medical Council or State Homoeopathic Medical Board or whatever other name may be and constituted under any law for the time being in force in any State or Union Territory, for regulating the practice and registration of practitioners of Homoeopathy;
 - (g) 'Form' means a form appended to these regulations;
 - (h) 'National Register' means a National Medical Register for Homoeopathy maintained by the Board of Ethics and Registration for Homoeopathy under section 32 of NCH Act 2020;
 - (i) 'State Register' means a State Register for Homoeopathy maintained under any law for the time being in force, in any State or Union Territory for maintaining the records of licensed / registered practitioners of Homoeopathy;
 - (j) 'License' means a license to practice Homoeopathy, granted under sub-section (1) of section 33 of NCH Act or under HCC Act, 1973 prior to constitution of National Commission for Homoeopathy;

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- (k) 'Licensed practitioner' means a Homoeopathic Doctor who is for the time being registered with the State Medical Council / Board of Homoeopathy or his/her name is entered in National Medical Register for Homoeopathy or in Central Register of Homoeopathy or Direct Registration Register of erstwhile CCH & NCH.
- (l) 'Medical Institution' means any institution within or outside India which grants degree, diploma or licenses in Homoeopathy which includes affiliated colleges and deemed to be Universities.
- (m) 'Direct Registration Register' means a register maintained by the Commission for those qualified practitioners, who resides in the State/UT, where no registration body formed.

3. ***National Register –***

- (i) The Board of Ethics and Registration For Homeopathy shall maintain National Register for Homoeopathy of licensed practitioners of Homoeopathy, in two parts, namely Part-1(in Form A) and Part-2(in Form B), in electronic as well as in print form.

Part 1 shall contain names of practitioners registered in State Board/ Councils including names of practitioners registered centrally residing in those, States where no medical Council or Board exists.

Part 2 shall contain names of practitioners possessing medical qualifications from outside India and permitted to practice in India for a limited period, under second proviso to subsection 1 of section 34 of the NCH act.

- (ii) The National Register has to be prepared on the basis of data supplied by the States Councils and the data of Direct Registration Register of NCH.

(iii) Every State Homoeopathic Medical Council / Board shall maintain and regularly update the State Register separately in Form A and Form B, in the specified electronic format as may be prescribed by the Commission and also supply physically signed two copies of the same to the President of Board of Ethics and Registration for Homoeopathy on quarterly basis.

(iv) Provision for Direct Registration does not exist except, for the recognized qualified doctors, residing in the States / UT where State Homoeopathic Medical Board / Council does not exist.

4. ***Supply of data of licensed practitioners-*** Every State Homoeopathic Medical Council / Board shall maintain and regularly update the State Register separately in Form A and Form B (as annexed) and in the specified electronic format, as may be prescribed by the Commission and also supply physically signed two copies of the same to the

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President of Board of Ethics and Registration for Homoeopathy, on quarterly basis i.e.

1	Data of Registered Practitioner From 01 st January to 31 st March	Up to 15 th April
2	Data of Registered Practitioner From 01 st April to 30 th June	Up to 15 th July
3	Data of Registered Practitioner From 01 st July to 30 th September	Up to 15 th October
4	Data of Registered Practitioner From 01 st October to 31 st December	Up to 15 th January

5. ***Eligibility for License to practice*** –(i) Any person possessing medical qualification in Homoeopathy recognized by the Commission or recognized under second or third schedule to HCC Act, 1973, shall be eligible to obtain license to practice Homoeopathy from the State Homoeopathic Medical Council / Board of such State where he/she resides.

(ii) The State Homoeopathic Medical Council shall ensure that the applicant who desires to obtain license, is not already registered with any other State Homoeopathic Medical Council / Board.


(iii) There shall be uniformity of charging initial registration fee by State Homoeopathic Council / Board from the applicants. The minimum registration fee shall be Rs.2000/- and maximum of Rs.10,000/-. All the State Councils / Board shall remit 10% of initial registration fee to NCH on Quarterly basis.

6. ***Additional / higher qualification*** – (i) State Homoeopathic Medical Council / Board shall enter the recognized additional / higher Homoeopathic Medical qualification against the initial registration of the practitioner in the State Register, after verification and update the electronic data, simultaneously.

(ii) State Homoeopathic Medical Council / Board shall enter all changes/modification/correction i.e. change in name/address etc. of the practitioner in the State Register, which shall be updated through the electronic data synchronization with National Register, and also to be informed to NCH by authenticated letter and e-mail.

7. ***Constitution of State Homoeopathic Medical Council*** –(i) There are certain States / Union Territories where Homoeopathy Medical Council is yet to be constituted. Concerned State / Union Territory authorities shall ensure that State Homoeopathic Medical Council is constituted within three years of the constitution of the Commission.

(ii) Till a State Homoeopathic Medical Council is constituted, BERH under NCH shall grant license to practice, to the eligible practitioners of those States / Union Territories, where State Homoeopathic Medical Council /Board is yet


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to be constituted. Application Form for Registration at BERH under NCH and Certificate of Registration is Annexed to these Regulations.

(a) a fee of Rs. 2000/- (Rupees Two Thousand only) including Rs. 400/- as registration fee and Rs. 1600/- as the processing fees by a demand draft/online payment in the name of the National Commission for Homoeopathy. The applicant shall not be entitled for refund of the fees paid thereof.

Provided that practitioner residing or practicing in a State where State Council or Board does not exist, he may apply to the President (BERH) in the appended Form and the BERH shall, before entering the name of such practitioner in the register, verify his qualification from the awarding authority and also verify his address and other particulars from the concerned police authority.

(iii) In case of delay of more than one year in obtaining initial registration by any qualified person, respective State Homoeopathic Medical Council / Board shall ensure that the applicant has not obtained registration from other State Homoeopathic Medical Council / Board, and compulsory undertaking to this effect shall be obtained before granting the license that she / he does not have any license / registration from other State / Union Territory.

8. **National Exit Test** - The Commission shall conduct a common final year undergraduate medical examination to be known as the National Exit Test, as per guidelines as may be prescribed. Thereafter, grant of license to practice Homoeopathy by State Homoeopathic Medical Council / Board shall be strictly on the basis of passing of National Exit Test.

9. **License for foreign qualification**—(i) Persons who are citizen of India and holding foreign qualification recognized by the Commission or entered in the third schedule to HCC Act, 1973, shall also be required to qualify National Exit Test, before grant of license to practice Homoeopathy.

(ii) Foreign citizens possessing recognized medical qualification in Homoeopathy and desires to practice in India, shall be required to obtain diplomatic permission for stay in India and shall be eligible for granting temporary license for the period of permitted stay but not exceeding 06 months at a time and only after qualifying National Exit Test.

10. **Practice / employment in other State** – (i) The person holding license to practice Homoeopathy from any State Homoeopathic Medical Council / Board, shall be

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eligible to practice Homoeopathy in other State / Union Territory, after obtaining permission from respective State Homoeopathic Council / Board, in writing.

(ii) The person holding license to practice Homoeopathy from any State Homoeopathic Medical Council / Board and enrolled in National Register shall be eligible to get employment in other State / Union Territory.


(iii) Every State Homoeopathic Medical Council / Board shall maintain an Adjunct Register and enter the particulars of such licensed practitioners registered with other State Homoeopathic Medical Councils / Boards, may charge nominal fee and issue permission letter with a copy to the State Homoeopathic Medical Council / Board, where she / he is actually registered. Parent State Homoeopathic Medical Council / Board shall add in the record, the temporary shifting / change of address / professional address.

(iv) Practitioners of Homoeopathy who are foreign nationals and who want to pursue Post Graduation or higher course as recognized by NCH, shall register themselves with NCH to obtain (provisional) registration exclusively for the purpose of the study, subject to provisions of Section 36 of NCH Act, 2020.

11. ***Renewal of License / State Register***– (i) License of practitioners shall be renewed after every 05 years in a uniform pattern by all State Medical Councils / Boards by charging nominal fee.

(ii) Any practitioner who fails to get her / his license renewed within 06 months from the due date, shall forfeit her / his right to practice in Homoeopathy and also forfeit the right to continue in employment based upon her / his license, unless renewed retrospectively with payment of late fee but within a maximum period of 02 years. No renewal shall be allowed if delay is beyond 02 years. In such case, the license / registration shall be cancelled and fresh application for license shall be obtained, if so desired by the applicant. All such renewals / updates / cancellation shall be informed to the Board through electronic format as may be prescribed.

12. ***Protection of earlier Registrations/ licenses*** - License granted by State Homoeopathic Medical Councils / Boards and / or names entered in the Central Register of Homoeopathy in Part-I and Part-II by the erstwhile Central Council of Homoeopathy prior to constitution of the Commission unless cancelled by the State Councils / Boards, shall be valid for practice / employment.


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13. **Infrastructure with State Homoeopathic Medical Council** – (i) Every State Government / Union Territory shall ensure that proper infrastructure including computer with internet facility, website and manpower, to be provided in the State Homoeopathic Medical Council / Board, so that Registrar may be in a position to provide State Register and other required digital data to the Commission without fail.
- (ii) Particulars of all licensed holders shall be displayed on the website of the State Homoeopathic Council, in digitized and searchable manner. Such an exercise shall be completed within one year of publication of these regulations.
- (iii) State authorities shall provide manpower, at least one qualified Homoeopath as Registrar, one Assistant Registrar (legal), one UDC, one LDC, one Data Entry operator, two MTS up to initial 5000 registrations, and shall increase staff further in proportionate number of registered practitioners.
- (iv) Every State Government / Union Territory shall ensure that licenses / registrations granted prior to constitution of the Commission are renewed and updated in the prescribed format, in a time bound manner but within a maximum period of two years.
- (v) In case of any contradiction between NCH Act / regulations and State Act / regulations, the provisions of NCH Act and regulations made under it, shall prevail and every State Homoeopathic Council / Board shall be bound to comply the provisions of NCH Act and Regulations made there under.
14. **Appeal** – Any Registered practitioner whose name has been removed from a State Register of Homoeopathy on any ground other than that he does not possess requisite medical qualifications, and failed to renew her / his license in due time, and where any application of the said practitioner for restoration of his name to the State Register of Homoeopathy has been rejected, may file an appeal to the President, Board of Ethics and Registration For Homeopathy within 30 days of such rejection, with all details.
15. **Saving clause**- The Commission shall have the power to relax any of the conditions to avoid any hardship to the practitioners in extreme deserving cases.

Secretary(NCH)
File No

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Form A

प्रारूप 'क'

क्र. सं.	S.No.	Name of professional (IN BLOCK LETTERS) with recent photograph	Father's name (IN BLOCK LETTERS).	Present correspondence address.	Permanent address.	Aadhaar number.	Phone, Fax and mobile numbers with e-mail address.	Date of birth and Nationality	Name of medical degree or diploma obtained and University with the month and year of passing qualification.	Registration particulars: (i) Registration number: (ii) Date of registration: (iii) Name(s) of the register (National/State): (iv) Whether the registration is renewable or permanent:	Name of hospital or institute with complete address for purposes of teaching or research or practice, of medicine.	Name of person in institution or hospital who will be responsible for legal issues regarding patient care provided by doctor concerned.
1	2	वृत्तिक का नाम (बड़े अक्षर में) नवीनतम फोटो के साथ	पिता का नाम (बड़े अक्षर में)	वृत्तिक का पत्र-व्यवहार का वर्तमान पता	स्थायी पता	आधार संख्या	ई-मेल पते के साथ फोन, फ़ैक्स और मोबाइल नम्बर	जन्म की तारीख और राष्ट्रीयता	प्राप्त की गई चिकित्सा उपधि या डिप्लोमा का नाम और विश्वविद्यालय तथा अर्हता उत्तीर्ण करने का मास और वर्ष	संज्ञिस्ट्री की विशिष्टियाँ: (i) संज्ञिस्ट्रीकरण संख्या: (ii) संज्ञिस्ट्रीकरण की तारीख: (iii) संज्ञिस्ट्र का/के नाम (राष्ट्रीय/राज्य) (iv) क्या संज्ञिस्ट्रीकरण नवीकरणीय है या स्थायी है:	अभ्यापन या अनुसंधान या व्यवसाय के प्रयोजनों के लिए पूर्ण पता सहित अस्पताल या संस्थान का नाम	संस्था या अस्पताल में उस व्यक्ति का नाम, जो संबंधित डॉक्टर द्वारा प्रदान की जाने वाली सेवा की देखभाल संबंधी विधिक मद्दे के लिए उत्तरदायी होगा

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Form B

प्रारूप 'ख'

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
S. No	Name of professional (BLOCK LETTERS) with recent photograph.	Father's name (BLOCK LETTERS)	Present correspondence address.	Permanent address.	Passport number etc.	Phone, Fax and mobile number with e-mail address.	Visa details.	Date of birth and Nationality.	Name of medical degree obtained and University with the month and year of passing qualification.	Whether previously visited India for medical practice. If so, date, period and place of previous visits.	Are you registered in any other foreign country? If so, give name of body or organisation or institute with which registered and number and date of registration.	Are you registered as a medical practitioner in your own country? If so, provide name of body or organisation or institute with which registered or license number and date.	Whether registration or license is renewable or permanent.	Name of hospital or institute with complete address for the purposes of teaching or research or practice of medicine.	Period of training or research or practice of medicine.	Name of person in institution or hospital in India, who will be responsible for legal issues regarding patient care provided by doctor concerned.	Whether employed in India was temporary or permanent to be specified.
क्र. सं.	वृत्तिक का नाम (बड़े अक्षर में) नवीनतम फोटो के साथ	पिता का नाम (बड़े अक्षर में)	वृत्तिक पत्र-ई का पता	स्थायी पता	पासपोर्ट संख्या	ई-मेल पते के साथ फोन, फैक्स और मोबाइल नम्बर	वीजा के ब्यौरे	जन्म की तिथि और राष्ट्रीयता	गई विधित्सा उपाधि या डिग्री का नाम और विश्वविद्यालय तथा अर्हता उत्तीर्ण करने का मास और वर्ष	विकिस्ताव्यवसाय के लिए भारत में पूर्व में किया गया दौरा, यदि हां, तो पूर्व में किर गए दोरे की तारीख, अवधि और स्थान।	क्या आप किसी अन्य देश में भी रजिस्ट्रीकृत हैं? यदि हां, तो रजिस्ट्रीकृत नम्बर और तारीख	क्या आप अपने देश में एक रजिस्ट्रीकृत विकिस्ताव्यवसायी हैं? यदि हां, तो रजिस्ट्रीकृत नम्बर और तारीख	क्या रजिस्ट्रीकरण या अनुज्ञापन का प्रमाण है।	अनुज्ञापन या अनुसंधान या विकिस्ताव्यवसाय के प्रयोजनों के लिए पूर्ण पता सहित अस्पताल या संस्थान का नाम।	प्रशिक्षण या अनुसंधान या विकिस्ताव्यवसाय की अवधि।	भारत में संस्था या अस्पताल में उस व्यक्ति का नाम, जो संबंधित डॉक्टर द्वारा प्रदान की जाने वाली सेवा की देखभाल संबंधी विकिक्त मुद्दों के लिए उत्तरदायी होगा।	भारत में नियोजन अस्थायी या स्थायी शिनिदिष्ट करें।

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राष्ट्रीय होम्योपैथी आयोग
National Commission for Homoeopathy
JANAKPURI, NEW DELHI-58

Application Form for Registration

(to be used only by the Practitioners of such States / Union Territories where no
Homoeopathic Registration Board / Council/ Authority exists).

Please
staple one
unattested
photo here

Self-
Attested
Photograph
to be

To,

President (BERH),
National Commission for Homoeopathy,
New Delhi

Dear Sir,

I hereby request that my name and other particulars as mentioned below may be entered in the National Register of Homoeopathy.

1. पूरा नाम :
(बड़े अक्षरों में) :
Full Name
(IN BLOCK LETTERS) :
2. पिता का नाम (बड़े अक्षरों में) :
Father's name (IN BLOCK LETTERS) :
3. पत्र-व्यवहार का वर्तमान पता :
Present correspondence address :
4. स्थायी पता :
Permanent address :
5. आधार संख्या :
Aadhaar number:
6. ई-मेल पते के साथ फोन, फैक्स और मोबाइल नम्बर :
Phone, Fax and mobile numbers with e-mail address :
7. जन्म की तारीख और राष्ट्रीयता :
Date of birth and Nationality :

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8. प्राप्त की गई चिकित्सा उपाधि का नाम और विश्वविद्यालय का नाम अर्हता उत्तीर्ण करने का मास और वर्ष :
Name of medical degree obtained and University with the month and year of passing qualification :

9. वह स्थान जहाँ आवेदक ने ऐसी अर्हताओं के लिए इंटर्नशिप प्रशिक्षण ग्रहण किया और ऐसे इंटर्नशिप प्रशिक्षण की अवधि।

Name of the institution and address where the applicant received internship training for such qualification and the period of such internship training.

10. अध्यापन या अनुसंधान या व्यवसाय के प्रयोजनों के लिए पूर्ण पता सहित अस्पताल या संस्थान का नाम :
Name of hospital or institute with complete address for purposes of teaching or research or practice of medicine :

11. संस्था या अस्पताल में उस व्यक्ति का नाम, जो संबंधित डॉक्टर द्वारा प्रदान की जाने वाली रोगी की देखभाल संबंधी विधिक मुद्दों के लिए उत्तरदायी होगा :

Name and designation of person in institution or hospital who will be responsible for legal issues regarding patient care provided by doctor concerned :

II. मैं निम्न की एक स्व-प्रमाणित प्रति संलग्न/अग्रेषित कर रहा/रही हूँ :

I forward herewith self attested copy each of :

- i) जन्म प्रमाण पत्र साक्ष्य हेतु मैट्रिकुलेशन प्रमाण-पत्र अथवा माध्यमिक विद्यालय प्रमाण पत्र अथवा पासपोर्ट अथवा अन्य कोई दस्तावेज।
Matriculation Certificate or Secondary School Certificate or passport or birth certificate or any other document regarding proof of date of birth.
- ii) इंटर्नशिप पूर्णता प्रमाण-पत्र।
Internship completion certificate.
- iii) मेरे द्वारा धारण की गयी आयुर्विज्ञानी अर्हता के संदर्भ में डिग्री प्रमाण पत्र की एक अनुप्रमाणित प्रति।
An attested copy of the degree certificate in respect of the medical qualification possessed by me.
- iv) अभ्यर्थी के निवास के पते की पुष्टि हेतु भारतीय चुनाव आयोग द्वारा जारी पहचान पत्र, अथवा पासपोर्ट अथवा डाईविंग लाईसेंस/राशन कार्ड की एक स्व-प्रमाणित प्रति।
Self attested copy of any document confirming the applicants residential address which may be Indian Election Commissions Identity Card or the Passport or the Driving License.
- V) आधार कार्ड स्व-प्रमाणित प्रति।
Aadhaar Card Self-attested.

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III. पंजीकरण शुल्क रुपये 2000/- (रुपये एक हजार छःसौ सेवा शुल्क तथा रुपये चार सौ पंजीकरण शुल्क सहित रू० दो हजार) राष्ट्रीय होम्योपैथी आयोग, दिल्ली अथवा नई दिल्ली के पक्ष में, को भुगतान योग्य पोस्टल आर्डर अथवा बैंक ड्राफ्ट स०.....।

Registration fee of Rs. 2000/- (Rupees two thousand including rupees four hundreds Registration Fees & one thousand six hundred as service charges only) remitted by online or Bank Draft No..... in favour of 'National Commission for Homoeopathy' payable at Delhi at New Delhi.

पाद टिप्पणी: आवेदन की अस्वीकार्यता की स्थिति में अभ्यर्थी को सेवा शुल्क वापस नहीं की जायेगी।

N.B. In case of rejection of application the service charges shall not be refunded to the applicant.

मैं प्रमाणित करता/करती हूँ कि ऊपर दी गई विशिष्टियाँ मेरे सर्वोत्तम ज्ञान और विश्वास के अनुसार सही हैं। मैं _____ राज्य में रहता/रहती हूँ जहाँ कोई होम्योपैथिक बोर्ड/परिषद् मौजूद नहीं है और मैंने इस भाग में किसी अन्य राज्य बोर्ड/परिषद् से कोई पंजीकरण प्राप्त नहीं किया है।

I certify that particulars furnished above are true to the best of my knowledge and belief. I reside in the State/UT of _____ where no Homoeopathic Board/Council exists and I did not obtained any Registration from any other State Board/Council in the past.

भवदीय,
Yours faithfully,

(आवेदक के हस्ताक्षर)
(Signature of the applicant)

तारीख:

Date :

स्थान:

Place :

घोषणा और शपथ
DECLARATION AND OATH

1. मैं सत्यनिष्ठा से प्रतिज्ञा करता/करती हूँ कि मैं अपना जीवन मानव जाति की सेवा में समर्पित करूँगा/करूँगी।
I solemnly pledge myself to consecrate my life to the service of humanity.
2. धमकी दिये जाने पर भी, मैं अपने चिकित्सीय ज्ञान का प्रयोग मानवता के लिए सिद्धांतों के विरुद्ध नहीं करूँगा/करूँगी।
Even under threat, I will not use my medical knowledge contrary to laws of humanity.
3. मैं मानव जीवन का भरपूर आदर करूँगा/करूँगी।
I will maintain the utmost respect of human life.
4. मैं धर्म, राष्ट्रियता, जाति, राजनैतिक मान्यताओं या सामाजिक प्रख्यति के आधार पर अपने रोगियों के बीच भेद-भाव नहीं करूँगा/करूँगी।
I will not permit considerations of religion, nationality, race, political beliefs or socrar standing to intervene between my duty and my patient.
5. मैं अपनी वृत्ति होम्योपैथी और/या जीव रसायनिक चिकित्सा पद्धति (टिशू उपचार) के सिद्धांतों के अनुसार शुद्ध अन्तःकरण और गरिमा के साथ करूँगा/करूँगी।
I will practice my profession with conscience and dignity in accordance with principles of Homeopathy and or in accordance with the principles of biochemic system of medicine (tissue remedies).
6. मैं पहले अपने रोगियों के स्वास्थ्य का ध्यान रखूँगा/रखूँगी।

Signature
31/3/12

- The health of my patient shall be my first consideration.
7. मैं उन बातों को गोपनीय बनाए रखूँगा/रखूँगी जो मुझे गुप्त रूप से बताई जाएँगी।
I will respect the secrets which are confined to me.
8. मैं अपने अध्यापकों को यह सम्मान दूँगा/दूँगी और उनके प्रति कृतज्ञ रहूँगा/रहूँगी जिनके वे अधिकारी हैं।
I will give to my teachers the respect and gratitude which is their due.
9. मैं सभी प्रकार से यथाशक्ति वृत्ति की प्रतिष्ठा और महान परम्पराओं को बनाए रखूँगा/रखूँगी।
I will maintain by all means in my power the honour and noble traditions of medical profession.
10. मेरे साथी मेरे भाई और बहन के समान होंगे।
My colleagues will be my brothers and sisters.
11. मैं सत्यनिष्ठा पूर्वक, स्वतंत्रता पूर्वक और कसम खाकर ये वचन देता/देती हूँ।
I make these promises solemnly, freely and upon my honour.

Hahnemannian Oath

“मैं अपनी कसम खाकर यह शपथ लेता/लेती हूँ कि मैं होम्योपैथी की शिक्षा का उपयोग करूँगा/करूँगी अपने कर्तव्यों का पालन करूँगा/करूँगी, अपने रोगियों के प्रति न्याय करूँगा/करूँगी और उन सभी बीमारों की सहायता करूँगा/करूँगी जो मेरे पास चिकित्सा के लिए आते हैं।

मास्टर हैनिमैन की शिक्षा से मुझे प्रेरणा मिले और मुझे अपने उद्देश्य की प्राप्ति के लिए शक्ति मिले”।

“On my honour I swear that I shall practise the teachings of homeopathy, perform my duty, render justice to my patients and help the sick whosoever comes to me for treatment.

May the teachings of Master Hahnemann inspire me and may I have the strength for fulfillment of my mission”.

(Signature of the candidate)

Name:.....

Date:.....

Signature of Homoeopathic Doctor Attesting the Oath _____

Name of Attesting Homoeopathic Doctor _____

Regn. No. (with name of State Board) & Qualification of Attesting Doctor _____

*विशेष नोट: घोषणा और शपथ आवेदक द्वारा हस्ताक्षरित होनी चाहिए और पंजीकृत होम्योपैथिक चिकित्सा व्यवसायी द्वारा विधियक द्वारा विधियत अनुप्रमाणित होनी चाहिए।

*N.B.: The Declaration & Oath should be signed by the applicant and duly attested by a Registered Medical Practitioner of Homoeopathy.

Hahnemann
31/3/22