

## HOMOEOPATHY CENTRAL COUNCIL (REGISTRATION) REGULATION, 1982 (AS AMENDED UPTO MARCH, 2015)

In exercise of the powers conferred by clauses (m), (n) and (o) of Section 33 of the Homoeopathy Central Council Act, 1973 (59 of 1973), the Central Council of Homeopathy, with the previous sanction of the Central Government hereby makes the following regulations, namely:-

1.	<b>Short title and commencement</b> (1), These regulations may be called the Homoeopathy Central Council (Registration) Regulations, 1982.  (2) They shall come into force on the date of their publication in the Official Gazette.										
2.	<b>Definitions</b> In these regulations, unless the context otherwise requires:-										
	<table border="1"> <tr> <td>(a)</td> <td>'Act' means the Homoeopathy Central Council Act, 1973 ( 59 of 1973).</td> </tr> <tr> <td>(b)</td> <td>'Form' means a form appended to these regulations;</td> </tr> <tr> <td>(c)</td> <td>'Registered practitioner' means a person whose name is for the time being duly registered in the Central Council of Homoeopathy;</td> </tr> <tr> <td>(d)</td> <td>'Register' means the Central Register of Homoeopathy maintained by the Central Council under sub-section(1) of Section 21 of the Act:</td> </tr> <tr> <td>(e)</td> <td>'Registrar' means the Registrar of the Central Council appointed under clause (a) of Section 11 of the Act.</td> </tr> </table>	(a)	'Act' means the Homoeopathy Central Council Act, 1973 ( 59 of 1973).	(b)	'Form' means a form appended to these regulations;	(c)	'Registered practitioner' means a person whose name is for the time being duly registered in the Central Council of Homoeopathy;	(d)	'Register' means the Central Register of Homoeopathy maintained by the Central Council under sub-section(1) of Section 21 of the Act:	(e)	'Registrar' means the Registrar of the Central Council appointed under clause (a) of Section 11 of the Act.
(a)	'Act' means the Homoeopathy Central Council Act, 1973 ( 59 of 1973).										
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(d)	'Register' means the Central Register of Homoeopathy maintained by the Central Council under sub-section(1) of Section 21 of the Act:										
(e)	'Registrar' means the Registrar of the Central Council appointed under clause (a) of Section 11 of the Act.										
3.	<b>Register</b> The Register shall be maintained in such form as is provided in the *Appendix annexed to these regulations.										
4.	<b>Direct registration in the Register</b> (1) Any registered practitioner desirous of having his name entered in the Register under Section 23 of the Act may, apply to the Registrar in Form A and the Registrar shall, before entering such practitioner's name in the Register, verify the antecedents of such practitioner from the Board where such practitioner had his name entered earlier.  2. Every application in Form A shall be accompanied by :-										
	<table border="1"> <tr> <td>(i)</td> <td>The documents mentioned in paragraphs I and II of Form A.</td> </tr> <tr> <td>(ii)</td> <td>a fee of * : Rs. 2000/- (Rupees Two Thousand only) including Rs. 400/- as registration fee and Rs. 1600/- as the service charges by a crossed postal order or bank draft in the name of the Central Council of Homoeopathy, and * Explanation:- For the purposes of this clause, the "service charges" shall not be construed as service tax and in case of rejection of the application for registration, the applicant shall not be entitled for refund of the service charges paid therefor.</td> </tr> <tr> <td>(iii)</td> <td>a recent passport size photograph of the applicant duly attested by a Gazetted Officer or an officer authorized in this behalf by the Board under whose jurisdiction the applicant resides or the principal of a recognized Homoeopathic Medical College or a member of the Legislative Assembly of the State within whose jurisdiction the applicant resides or a Member of Parliament. * Provided that practitioner residing or practicing in a State where State Council or Board does not exist, he may apply to the Registrar in Form 'AA' and the Registrar 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 done from the concerned police authority.</td> </tr> </table>	(i)	The documents mentioned in paragraphs I and II of Form A.	(ii)	a fee of * : Rs. 2000/- (Rupees Two Thousand only) including Rs. 400/- as registration fee and Rs. 1600/- as the service charges by a crossed postal order or bank draft in the name of the Central Council of Homoeopathy, and * Explanation:- For the purposes of this clause, the "service charges" shall not be construed as service tax and in case of rejection of the application for registration, the applicant shall not be entitled for refund of the service charges paid therefor.	(iii)	a recent passport size photograph of the applicant duly attested by a Gazetted Officer or an officer authorized in this behalf by the Board under whose jurisdiction the applicant resides or the principal of a recognized Homoeopathic Medical College or a member of the Legislative Assembly of the State within whose jurisdiction the applicant resides or a Member of Parliament. * Provided that practitioner residing or practicing in a State where State Council or Board does not exist, he may apply to the Registrar in Form 'AA' and the Registrar 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 done from the concerned police authority.				
(i)	The documents mentioned in paragraphs I and II of Form A.										
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5.	<b>Registration of Additional qualification</b> – Any Registered practitioner obtaining an additional title, diploma or other qualification, may apply to the Registrar specifying the particulars as given in Form 'B' for registration of the additional qualification.										
6.	<b>Alteration of names in the Register</b> – (1) No entry is in respect of alteration of the name of a Registered Practitioner shall be made in the Register unless the application is accompanied by:-  (a) a notification in the Official Gazette relating to such alteration of name, or  (b) an affidavit regarding such alteration of name affirmed and authenticated before a Judicial Magistrate of the First Class or Metropolitan Magistrate, in original.										
	<table border="1"> <tr> <td>2</td> <td>The Registrar shall return the original documents when no longer required.</td> </tr> <tr> <td>3</td> <td>When the name of any Registered practitioner is altered in the above circumstances, the certificate of Registration in Form 'C' shall stand amended accordingly and if such certificate is produced by the Registered practitioner, the certificate shall be duly amended by the Registrar under his hand and seal.</td> </tr> </table>	2	The Registrar shall return the original documents when no longer required.	3	When the name of any Registered practitioner is altered in the above circumstances, the certificate of Registration in Form 'C' shall stand amended accordingly and if such certificate is produced by the Registered practitioner, the certificate shall be duly amended by the Registrar under his hand and seal.						
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7.	<b>Notification about change of place of residence or practice</b> – It shall be the duty of the every Registered practitioner who changes address of residence or practice to intimate the Central Council and the Board concerned within 90 days of such change.										

**8. Certificate of Registration**

- (1) The Certificate of a registration in the Register of Homoeopathy shall be as given in Form 'C'.
- (2) The Registrar on receipt of intimation from a Registered Practitioner regarding the loss of his/her Registration Certificate issued by Central Council supported by a copy of F.I.R. lodged with the Police station about the loss, theft or damage thereof, shall issue a Duplicate Certificate on payment of \*\*Rs. Two Hundred as service charges by a crossed draft in favour of Central Council of Homoeopathy. However, the Duplicate Certificate will bear the same Registration Number and the word 'DUPLICATE' thereof".

**\*9. Updation of Central Register:-**

9 Updation of Central Register: Each State Homoeopathic Board or State Homoeopathic Council shall revise the State Register by renewal of registration of each practitioner named in the State Register on completion of five years and submit the same to the Central Council during April of every year for updation of the Central Register of Homoeopathy.

\*\* 9A(1) Any person whose name is for the time being borne in Part II of the Central Register may apply to the Registrar, Central Council for knowing particulars of his registration published in the Central Register, with an attested copy of his registration Certificate and a fee of five hundred rupees by crossed Indian Postal Order or Bank Draft in favour of the Central Council of Homoeopathy.

**10. Appeal**

(i) Any Registered practitioner whose name has been removed from a State Register of Homoeopathy on any ground other than that he is not possessed of requisite medical qualifications or where any application by the said practitioner for restoration of his name to the State Register of Homoeopathy has been rejected may file an appeal to the Central Government in Form 'G' for restoration of his name in the State Register.

(ii) Every appeal in Form 'G' shall be accompanied by a fee of Rs. 25/- by a crossed postal order or a bank draft in the name of the Secretary, Ministry of Health and Family Welfare, New Delhi.

**APPENDIX****(Part I)****(See Regulation 3)**

S.No.	Name	Father's/ Husband's Name	Address (a)Residential (b)Professional	Qualification (a)General (b)Medical	Dates on which qualifications were obtained	Name of the Institution from which register- able qualification were obtained
1.	2.	3.	4.	5.	6.	7.

State in which Registered and authority granting the State Registration	Date of registration in State Register	Registration number given in the State Register	Additional medical qualification with date of obtaining and name of authority granting the qualification	Date and reasons(s) for removal from the Central Register, if any.	Remarks
8.	9	10	11	12	13

**APPENDIX****(Part II)****(See Regulation 3)**

S.No.	Name	Father's /Husband's Name	Address (a)Residential (b)Professional	State in which registered and the authority granting the State Registration
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1.	2.	3.	4.	5.								
<table border="1"> <thead> <tr> <th>Date of registration in the State Register</th> <th>Registration number in the State Register</th> <th>Date and reasons(s) for removal from the Central Register, if any</th> <th>Remarks</th> </tr> </thead> <tbody> <tr> <td>6.</td> <td>7.</td> <td>8.</td> <td>9.</td> </tr> </tbody> </table>					Date of registration in the State Register	Registration number in the State Register	Date and reasons(s) for removal from the Central Register, if any	Remarks	6.	7.	8.	9.
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6.	7.	8.	9.									

.....  
 Note: The principal regulations were published in the Gazette of India, Extraordinary, Part-III, Section 4, vide notification No. 7-11/83-CCH dated the 11th May, 1983 and subsequent amendments were published in and was last amended by notification No. 7-1/2004-CCH, dated the 12th March, 2009.

#### FORM A

(See Regulation 4)

Form of application for direct registration under Section 23 of the Homoeopathy Central Council Act, 1973.

To

The Registrar,  
 Central Council of Homoeopathy. New Delhi.

**Dear Sir,**

I hereby request that my name and other particulars as mentioned below may be entered in the Central Register of Homoeopathy as required under Section 23 of the Homoeopathy Central Council Act, 1973.

**(1) Full Name** (in block letters beginning with surname)

**(2) Maiden name** if applicant is a woman and surname

(in block letters beginning with surname).

**(3)Nationality.**

**(4)Residential Address**

**(5)Professional Address**

**(6)Date of Birth (Christian Era)**

**(7) (a) Qualifications** for registration possessed by the applicant.

**(b)** Date on which the applicant obtained the qualification..

**(c )** Authority which conferred or granted the qualifications..

**(d)** The College and Hospital where the applicant received education & internship training for obtaining such qualification and the years (period) of such education & internship training.

**(e)**The name of the State/U.T.Board or Council where he had registered earlier if any.

II. I forward herewith one attested copy each of ;

**(i)** Matriculation Certificate / Secondary School Certificate/ passport or any other document regarding proof of date of birth.

**(ii)**One attested copy of Internship completion certificate.

III. One attested copy of Diploma/ Degree Certificate in respect of the medical Qualification possessed by me.

III. Registration fee of rupees two thousand (rupees one thousand six hundred towards service charges and rupees four hundred towards registration fee) remitted by Postal Order/Bank Draft No.....in favour of 'Central Council of Homoeopathy' payable at Delhi/New Delhi.

In case of rejection of application I shall not claim refund of the service charges paid.

I certify that there is no State Board/Council of Homoeopathy in the State/U.T. wherein I reside/practice.

**Yours faithfully,**

Signature of the applicant.

Date:

Place:

The following documents/information may also be furnished.

1. Father's Name :.....

2. Mother's Name .....

3. Two recent passport size photographs of applicant (including one only attested from a Gazetted Officer or the Principal of a recognized Homoeopathic Medical College or attested by the an Officer of Government created autonomous/statutory/public sector organization having equivalent status to a Central Govt. Gazetted Officer or by the existing Member of Central Council of Homoeopathy or a Member of the Legislative Assembly of the State within Jurisdiction the applicant resides or a Member of Parliament and the same should be affixed on the application form).

4. An attested copy of any document confirming the applicants residential address which may be Indian Election Commissions Identity Card or the Passport or the Driving Licensing or Ration Card/ Aadhar Card/Telephone Bill of MTNL/BSNL, Electricity Bill or I.D. Card issued by State Board/ Council of Homoeopathy.

5. Copy of the Oath Form (enclosed) must be signed by the applicant and duly attested by the Registered Medical Practitioner of Homoeopathy with his Registration Number and Seal.

#### **Declaration And Oath**

At the time of registration, each applicant shall submit the following declaration and oath read and signed by him to the Registrar concerned attested by Registrar himself or by a registered practitioner of Homeopathy:-

- (1) I solemnly pledge myself to consecrate my life to the service of humanity.
- (2) Even under threat, I will not use my medical knowledge contrary to laws of humanity.
- (3) I will maintain the utmost respect for human life.
- (4) I will not permit considerations of religion, nationality, race, political beliefs or social standing to intervene between my duty and my patient.
- (5) I will practice my profession with conscience and dignity in accordance with principles of homeopathy and/ or in accordance with the principles of biochemic medicine (tissue remedies) .
- (6) The health of my patient shall be my first consideration.
- (7) I will respect the secrets which are confined to me.
- (8) I will give to my teachers the respect and gratitude which is their due.
- (9) I will maintain by all means in my power the honour and noble traditions of my medical profession.
- (10) My colleagues will be my brothers and sisters.
- (11) I make these promises solemnly, freely and upon my honour.

#### **Hahnemannian Oath**

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:.....

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

Signatures of Doctor attesting the Oath \_\_\_\_\_

Name of Attesting Doctor \_\_\_\_\_

Regn. No. (with name of State Board) &amp; qualification of Attesting Doctor \_\_\_\_\_

**FORM – AA**

{See Regulation 4}

Form of application for direct registration under section 23 of Homoeopathy Central Council Act, 1973 (59 of 1973) to be filled by candidate residing/practicing in a State/U.T. having no State Board/Council of Homoeopathy.

To, The Registrar,  
Central Council of Homeopathy,  
Janakpuri,  
New Delhi

Dear Sir,

I hereby request that my name and other particulars as mentioned below may be entered in the Central Register of Homoeopathy as required under section 23 of Homoeopathy Central Council Act, 1973 (59 of 1973).

I. 1. Full Name

(in block letters beginning with surname)

2. Maiden name if applicant is a woman and surname (in block letters beginning with surname)

3. Nationality :

4. Residential address :

5. Professional address :

6. Date of birth (Christian Era).

7. a. Qualification for registration possessed by applicant.

b. Date on which the applicant obtained the qualification.

c. Name of Authority which conferred or granted the qualification.

d. The College and Hospital where the applicant received education & internship training for obtaining such qualification and the years (period) of such education & internship training.

II. I forward herewith one attested copy each of;

1. Matriculation Certificate or Secondary School Certificate or passport or any other document regarding proof of date of birth.
2. Internship completion certificate.

iii) Diploma/Degree Certificate in respect of the medical Qualification possessed by me.

III. Registration fee of rupees two thousand (rupees one thousand six hundred towards service charges and rupees four hundred towards registration fee) remitted by Postal Order/Bank Draft No..... **in favour of 'Central Council of Homoeopathy' payable at Delhi/New Delhi.**

In case of rejection of application I shall not claim refund of the service charges paid.

I certify that there is no State Board/Council of Homoeopathy in the State/U.T. wherein I reside/practice.

Yours faithfully,

(Signature of the applicant)

Date :

Place :

The following documents/information may also be furnished.

1. Father's Name : .....
2. Mother's Name .....
3. Two recent passport size photographs of applicant (including one only attested from a Gazetted Officer or the Principal of a recognized Homoeopathic Medical College or attested by the an Officer of Government created autonomous/statutory/public sector organization having equivalent status to a Central Govt. Gazetted Officer or by the existing Member of Central Council of Homoeopathy or a Member of the Legislative Assembly of the State within Jurisdiction the applicant resides or a Member of Parliament and the same should be affixed on the application form).
4. An attested copy of any document confirming the applicants residential address which may be Indian Election Commissions Identity Card or the Passport or the Driving Licensing or Ration Card/ Aadhar Card/Telephone Bill of MTNL/BSNL, Electricity Bill or I.D. Card issued by State Board/ Council of Homoeopathy.
5. Copy of the Oath Form (enclosed) must be signed by the applicant and duly attested by the Registered Medical Practitioner of Homoeopathy with his Registration Number and Seal.

#### Declaration And Oath

At the time of registration, each applicant shall submit the following declaration and oath read and signed by him to the Registrar concerned attested by Registrar himself or by a registered practitioner of Homeopathy:-

- (1) I solemnly pledge myself to consecrate my life to the service of humanity.
- (2) Even under threat, I will not use my medical knowledge contrary to laws of humanity.
- (3) I will maintain the utmost respect for human life.
- (4) I will not permit considerations of religion, nationality, race, political beliefs or social standing to intervene between my duty and my patient.
- (5) I will practice my profession with conscience and dignity in accordance with principles of homeopathy and/ or in accordance with the principles of biochemic medicine (tissue remedies) .
- (6) The health of my patient shall be my first consideration.
- (7) I will respect the secrets which are confined to me.
- (8) I will give to my teachers the respect and gratitude which is their due.
- (9) I will maintain by all means in my power the honour and noble traditions of my medical profession.
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#### Hahnemannian Oath

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:.....**

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

Signatures of Doctor attesting the Oath \_\_\_\_\_

Name of Attesting Doctor \_\_\_\_\_

Regn. No. (with name of State Board) & qualification of Attesting Doctor \_\_\_\_\_

FORM B

(See Regulation 5)

Form of application for registration of additional qualification.

To

The Registrar,

The Central Council of Homoeopathy,

New Delhi.

Dear Sir,

I am a registered practitioner of Homoeopathy my Registration Number is \_\_\_\_\_ I have acquired an additional qualification in Homoeopathy and desire to register the same under Regulation 5 of the Homoeopathy Central Council (Registration) Regulations, 1982. My particulars are as under:-

1.(1) **Full name** (in block letters beginning with surname)

(2) **Maiden Name**, if the applicant is a married woman and surname (in block letters beginning with surname).

(3) Nationality.

(4) Residential address

(5) Professional address

(6) Date of Birth (Christian Era)

(7) **Additional qualifications** sought to be entered in the register.

(a) The authority which conferred or granted the additional qualification.

(b) The date on which the qualification was conferred/granted.

(c) Details of training leading to conferment of the additional qualification, including the period of such training.

(8) Number and date of registration in the Central Register.

(9) Number and date of registration in the State Register..

II. I forward herewith:

(i) the additional Title/Diploma/other qualification (in original).

(ii) two attested copies thereof, attested by one of the persons referred to in clause (iii) of sub-regulation (2) of regulation 4 of the Homoeopathy Central Council (Registration) Regulations, 1982..

(iii) A fee of Five Hundred Rupees only (including service charges of Sixty Rupees ) by crossed Postal Order/Bank Draft in the name of The Central Council of Homoeopathy, New Delhi ..

III. The originals may kindly be returned to me after verification by you.

**Yours faithfully,**

Signature of the applicant.

Date:

Place:

Space

for Photograph

of

Candidate

FORM C

(See Regulations 6(3) and (8))

CENTRAL COUNCIL OF HOMOEOPATHY

Jawahar Lal Nehru Bhartiya Chikitsa Avum Homoeopathy Anusandhan Bhavan

No.61-65, Institutional Area, Opp. D Block, Janakpuri, New Delhi-110 058

[Certification Under Section 23 of the Homoeopathy Central Council Act, 1973 (59 of 1973)]

(Registration Certificate)

Certificate No. CCH

Candidate s Name	Father s and Mother s Name	Address	Qualification
(1)	(2)	(3)	(4)

Space

for

Watermark

[SEAL]

REGISTRAR

CENTRAL COUNCIL OF HOMOEOPATHY

New Delhi

Dated:-

FROM G

(See regulation 10)



Appeal for restoration of name in the Register.

To

The Secretary

to the Govt. of India

Ministry of Health and Family Welfare,

New Delhi.

I, the undersigned \_\_\_\_\_ (full name in block letters beginning with Surname) holding qualification of \_\_\_\_\_ do solemnly declare that the following are (state the qualification) the facts of my case on which I seek restoration of my name in the Register:

2. My name was duly registered in the State Register of (\_\_\_\_\_) having (name of the State) registration number \_\_\_\_\_ dated \_\_\_\_\_.

3. My name was duly registered in the Central Register of Homoeopathy on \_\_\_\_\_ having registration No. \_\_\_\_\_

4. At an enquiry held on the \_\_\_\_\_ day of \_\_\_\_\_ by the Board, my name was directed to be removed from the State Register and the offence for which the Board directed the removal of my name was \_\_\_\_\_ (use separate sheet for details if necessary).

5. Since the removal of my name from the Register I have been residing at \_\_\_\_\_ and my occupation has been \_\_\_\_\_.

6. It is my request that my name be restored in the Register of \_\_\_\_\_ State.

7. The grounds, for the present, of application are

(i)

(ii)

(iii)

8. The prescribed fee of Rs. 75/- (Rs. 25/- for restoration and Rs. 50/- as service charges) has been deposited by Bank Draft No. \_\_\_\_\_ dated \_\_\_\_\_ payable to Secretary, Ministry of Health and Family Welfare, New Delhi.

9. I request that orders may be passed for restoration of my name in the State Register of \_\_\_\_\_ (State)

Signed \_\_\_\_\_

On \_\_\_\_\_

Declared at \_\_\_\_\_

before me \_\_\_\_\_

Judicial/Executive Magistrate,

Commissioner of Oath

\*(Instructions: All facts and the grounds on which the application is made should be clearly and concisely stated. Use separate sheets if necessary).