

GOVERNMENT OF PUNJAB
DEPARTMENT OF MEDICAL EDUCATION & RESEARCH
(HEALTH -3 BRANCH)

NOTIFICATION

No. 12 /16/2012-3HE3/ 430638

Dated, Chandigarh, 05/03/20

The Governor of Punjab is pleased to notify Scheme for Registration of Ayurvedic/Unani Pharmacist/Upvaid in Punjab.

1. **PREAMBLE:-**

As on now, there is no regulation for the registration and regulation of the activities by Ayurvedic and Unani Upvaid in the State of Punjab and the issue of the need of such regulation has been under consideration of the Government at different levels . Therefore in absence of registration of Ayurvedic and Unani Upvaid, there has been an absence of the regulation of this category of manpower in health sector and as such even qualified candidates were not able to get jobs in their field in certain states. Hence an approval in principle is accorded by the State Government to the Board of Ayurvedic and Unani Systems of Medicine, Punjab, to keep a separate register for Registration of Ayurvedic and Unani Upvaid in the State, as an interim (stop gap) arrangement until the State Government comes out with the enactment of Ayurvedic and Unani Upvaid Act. After due and careful consideration the State Government has decided that the following scheme, procedure, rules and regulations for the registration of Ayurvedic and Unani Upvaid would be observed and implemented by Board of Ayurvedic and Unani System of Medicine, Punjab hence forth as follows:-

2. **AIMS AND OBJECTS:**

The following scheme for the registration of Ayurvedic and Unani Upvaid is being introduced with a view to produce uniformly competent manpower, of a uniform standard for working in Ayurvedic/Unani Pharmacies/Institutions, Ayurvedic/Unani Hospitals. The candidates shall be able to work efficiently as Ayurvedic/Unani Upvaid and discharge their duties in the hospitals, dispensaries or Ayurvedic/Unani pharmacies and entitled to run their own shops to stock for sale of Ayurvedic/Unani Medicines as

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Ayurvedic/Unani Chemists. & Ayurvedic/Unani druggists and for dispensing the Ayurvedic/Unani Medicines while working with any licenced Allopathic Chemist/Druggist dealing in Ayurvedic/Unani medicines too in the State of Punjab. For such working the said registration is mandatory. However those who are already working they should get themselves registered with in a year of the issuance of this notification failing which they shall not be eligible to carry out the duties of Ayurvedic /Unani Upvaids.

3. **REGISTRATION:**

1. A candidate who has undergone the prescribed course of studies and training in the recognized institutions and has passed the final examination from the Faculty/Board/University recognized by the State of Punjab/Board of Ayurvedic and Unani Systems of Medicine, shall be eligible for registration by the Board of Ayurvedic & Unani Systems of Medicine, Punjab, in the register of Ayurvedic/Unani Upvaids maintained by the said Board. The Registered Ayurvedic/Unani Upvaids shall be eligible for services in Government and other/unaided Ayurvedic/Unani hospitals, dispensaries, pharmacies. He/She shall be entitled to dispensing Ayurvedic/Unani medicines as wholesaler/retailer and shall be eligible to work in other institutions as Ayurvedic/Unani Upvaids. They may also setup a shop for the purpose of stock and sale of Ayurvedic and Unani Medicines. They shall be subject to the provisions of rules framed by the licensing authority of Ayurveda and by the State of Punjab with regard to Ayurvedic & Unani System of Medicines
2. No person shall be entitled **under section 1** above to have his name entered in the register if he/she is minor.
3. The Board of Ayurvedic and Unani Systems of Medicine, Punjab shall maintain a Register of qualified Ayurvedic/Unani Upvaids.
4. Every candidate who has obtained the Diploma/ Certificate/ Degree/ Post Graduate degree in Ayurveda/Unani pharmacy from recognized Faculty/Board/University of the State of Punjab or that of equivalent there to Faculty/Board/University of any other state, shall on payment of the prescribed fee, be entitled to have his name enrolled in the

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above said register subject to the condition that he /she is a domicile of Punjab.

5. Every candidate who desires to have his name enrolled on the aforesaid Register, shall apply to the Registrar, Board of Ayurvedic & Unani Systems of Medicine, Punjab, in the prescribed form alongwith four recent photographs together with registration fee, giving full particulars and information required in the application form. He shall also submit alongwith his application an attested copy of the Diploma/certificate/Degree of the qualification obtained by him from the recognized Faculty/Board/University as prescribed under section 3 above.
6. Every candidate registered under this scheme shall receive from the Registrar, Board of Ayurvedic & Unani Systems of Medicine, Punjab a certificate of enrolment in the prescribed form.
7. Registrar , Board of Ayurvedic and Unani Systems of Medicine , Punjab shall be the competent authority for the registration of Ayurvedic/Unani Upvaids
8. After the preparation of the list , the board may decide a cut off date after which at an interval of five years from the said date or the date of Registration which ever is later, and every five years thereafter the registration of the registered Ayurvedic Ayurveda/Unani Upvaids shall have to be got renewed on payment of Rs.500/-. If the renewal fee is paid on or before the due date, the Registrar shall issue to the registered Ayurvedic/Unani Upvaids a renewal slip in the prescribed form specifying that his/her registration has been extended.
9. If the renewal fee has not been paid by the due date, the Registrar shall suspend the registration for one year and shall remove the name of the Ayurvedic/Unani Upvaids from the register entered under the scheme thereafter, if the renewal is delayed by more than one year from the due date and the name so removed may be re-entered in the register on payment of the outstanding renewal and re-entry fees, and on receipt of penalty fees of Rs.200/- by the registered Ayurvedic/Unani Upvaids, the Registrar shall issue a renewal slip, if renewal is applied for within a year of the expiry of the due date. However, if the period lapsed is beyond one year then permission of Board is required after the payment of the fees as prescribed above.

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10. All Affidavits shall be in the shape of self declaration by the candidate.
11. Notwithstanding the provisions of rule 10 above the candidates who are domicile of other States or are from out of India (Abroad) shall have to submit an affidavit sworn in as prescribed.
12. The Board of Ayurvedic and Unani Systems of Medicine, Punjab shall be the competent appellate authority for any dispute by adopting the mechanism approved by the said authority.
13. The Registrar and the staff will be paid a fixed honorarium decided by the board from time to time for carrying out the duty under this scheme.
14. **Appeal:-** The decision of the registrar can be challenged before the Board and decision of Board shall be final.

Fees Structure:-

- Fee:-** (i) Rs.2 500/- (Including certificate & Identity Card) for candidates who have passed Ayurvedic/Unani Upvaid course from within State of Punjab State and UT Chandigarh.
- (ii) Rs.3000/- (Including certificate & Identity Card) for Candidates who have done their Ayurvedic/Unani Upvaid course from other states & UTs.
- (iii) Rs.800/- (Provisional Registration for Internship).
- (iv) Rs.200/- Appeal
- (v) Rs.200/- (Penalty upto one year (after one year temporary cancellation).)
- (vi) Rs.2500/- (Re-entry)
- (vii) Rs.500/- Verification from other States.
- (viii) Rs.500/- Duplicate Certificate
- (ix) Rs.200/- Duplicate Identity Card.

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- (x) Rs.700/- Inclusion of Additional qualification.
 - (xii) Rs.100/- Change of address.
 - (xiii) Rs.200/- change of name/Sir name.
 - (xvi) Rs.500/-(Including certificate & Identity Card fee) Renewal registration after every five years.
 - (xvii) Rs.2000/- (Good Professional Certificate charges).
 - (xviii) Rs.1000/- (Cancellation fee/No objection Certificate)
 - (xix) Rs 500/- (For supply of the copy of Register as Price of Register of registered Upvaids)
 - (xx) TA & DA will be admissible as per Government Rules for those who go for verification of the qualification from states/UTs other than that of Punjab and Chandigarh .
 - (xxi) 20% increase of fee after every five years.

Dated, Chandigarh,
5-3-2015

Hussan Lal
Secretary to Government of Punjab,
Medical Education & Research, Chandigarh

Endst No. 12/16/2012-3HB3/430638/1.

Dated, Chandigarh, 05/03/2015

A copy along with one spare copy is forwarded to Controller Printing & Stationery, Punjab, (Mohali) for publication in the Punjab Govt. Gazette (Ordinary) & supply one hundred copies without endorsement to this department for official use.

Darinder Bellan
Under Secretary, Medical Education & Research.

Endst No. 12/16/2012-3HB3/430638/2-13.

Dated, Chandigarh, 05/03/2015

A copy is forwarded to the following for information & necessary action:-

- 1) Secretray, Central Council of Indian Medicine, New Delhi.
- 2) The Principal Secretary to the Hon'ble Chief Minister, Punjab.
- 3) P.S/ Hon'ble Minister of Medical Education & Reserch, Punjab.
- 4) The Director, Health Services, Punjab, Chandigarh.
- 5) The Director, Research & Medical Education, Punjab, Mohali.
- 6) MD, NRIIM, Punjab, Chandigarh.
- 7) Member Secretary, Punjab State Faculty of Ayurvedic & Unani System of Medicine Punjab, Chandigarh.

- 8) Director Ayurveda, Punjab, Chandigarh.
- 9) Principal, Govt. Ayurvedic College, Patiala.
- 10) Principals of all the Ayurvedic Collges & Institutions running course of Ayurveda and Unani Upvaid.
- 11) Registrar, Board of Ayurvedic and Unani Systems of Medicines, Punjab, Chandigarh.
- 12) Registrar, Punjab State Pharmacy Council, Chandigarh.

Darinder Pal Singh
Under Secretary, Medical Education & Research.

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BOARD OF AYURVEDIC AND UNANI SYSTEMS OF MEDICINE, PUNJAB

APPLICATION FOR PROVISIONAL REGISTRATION AS AYURVEDIC/UNANI UPVAID.

To

The Registrar,

Board of Ayurvedic & Unani Systems of Medicine,

Punjab

Sir,

I am to request you that my name may be Provisionally registered for completion of internship training as Ayurvedic/Unani Upvaid in the Register maintained under the scheme of provisional registration of Ayurvedic/Unani Upvaids in Punjab. Necessary particulars concerning my case are given here below for your information record and necessary action:-

1. Name of the applicant
2. Father's name
3. Mother's Name
4. Date of Birth
- (Attach a copy of certificate in support of Date of Birth)
5. Nationality
6. Permanent Residential address alongwith Phone No.
.....
7. Correspondence address
8. Years of passing Matriculation Examination or equivalent (attach original certificate with an attested/self attested photocopy).....
9. Years of passing 10+2 Examination or an equivalent to 10+2 examination (attach original certificate with an attested /self attested Photocopy).....
10. (a) Name & Address of the recognized Faculty/Board/University in respect of Ayurvedic and Unani Systems of Medicine which awarded the diploma/certificate
- (b) Name of the Institution where studied
- (c) Name of the State where studied.....
- (d) Period of study in the institutions:
- (e) Name of examination passed:
- (f) Year in which passed:
11. Name of Hospital/Dispensary
Where internship training is allowed/completed.....
12. Duration of internship.....
13. (a) 800/- Rupees (Including Certificate & Identity Card) for making entry in the register have been sent vide draft No..... dated.....
- (b) In case the fee paid in cash official receipt No..... dated.....

Signature of applicant.

BOARD OF AYURVEDIC AND UNANI SYSTEMS OF MEDICINE, PUNJAB
APPLICATION FOR REGISTRATION AS AYURVEDIC/UNANI UPVAID.

To
The Registrar,
Board of Ayurvedic & Unani Systems of Medicine,
Punjab
Sir,

I am to request you to please register my name as Ayurvedic/Unani Upvaids in the Register maintained under the scheme of registration of Ayurvedic/Unani Upvaids in Punjab. Necessary particulars concerning my case are given here below for your information record and necessary action:-

1. Name of the applicant
2. Father's name
3. Date of Birth
- (Attach a copy of certificate in support of Date of Birth)
4. Nationality
5. Permanent Residential address alongwith Phone No.
.....
6. Correspondence address.....
.....
7. Years of passing Matriculation Examination or equivalent (attach original certificate with an attested/self attested photocopy).....
.....
8. Years of passing 10+2 Examination or an equivalent to 10+2 examination (attach original certificate with an attested /self attested Photocopy).....
.....
9. (a) Name & Address of the recognized Faculty/Board/University in respect of Ayurvedic and Unani Systems of Medicine which awarded the diploma/ certificate
.....
(b) Name of the Institution where studied
- (c) Name of the State where studied.....
- (d) Period of study in the institutions:
- (e) Name of examination passed:
- (f) Year in which passed:
10. If registered/enlisted with any State Board/Government organization:-
(a) Registration/enlistment No..... (Enclosed copy of Certificate)
(b) Name of the Board/Government Organization
11. (a) 2500 Rupees (Including Certificate & Identity Card) for making entry in the register have been sent vide draft No..... dated.....
(b) In case the fee paid in cash official receipt No..... dated.....

Signature of applicant.

AFFIDAVIT IN THE FORM OF SELF DECLARATION

I, S/W/D/s &
Smt.(Mother)..... resident of Village..... Post Office
Tehsil..... Police Station District..... solemnly declared as
follows:-

- (a) That I have gone through the Registration regulations of the Board of Ayurvedic and Unani Systems of Medicine, Punjab for Registration of Ayurvedic/Unani upvaids and I promise to abide by the provisions of the said regulations,
- (b) I state on oath that the contents submitted in the application form are true and correct, if information is found wrong, the Board has right to cancel my registration.
- (c) That I have not been adjudicated by a competent court to be of unsound mind.
- (d) That I am not an undischarged insolvent.
- (e) That my name has not been removed from the Register of Ayurvedic/Unani Pharmacist/Upvaids maintained by any of the State Board/Government organization for professional misconduct.

I, solemnly declare and affirm that the particulars given in the application form above are correct to the best of my knowledge and belief. I further declare on oath that nothing is false and nothing relevant has been concealed therefrom.

Dated..... Signature of the applicant.

TO BE FILLED IN BY THE OFFICE

Registration application received on..... Diary No.....

- a) Fee for making entry in the register and/or issuing certificate received on.....
- b) Office receipt No..... dated.....
- c) Cash Book Page No..... personal Ledger No.....

Signature of the Cashier.

Order of the Registrar.....
 Registration No.....
 Original Certificate Scrutinized and returned on.....
 Registration certificate issued vide No..... dated.....

INSTRUCTIONS:

1. All particulars of the application must be filled in by the applicant in neat legible hand.
2. The name and particulars entered in this application must exactly correspond with the name and particulars of the applicant entered at the University or other examination.
3. Registration fee of Rs.2500/- for candidates qualified from Punjab & Chandigarh and Rs.3000/- from other states
4. Registration fee is to be deposited in the office and is non-refundable.
5. Instruction issued by the State Government from time to time shall be applicable for registration.

No.....

BOARD OF AYURVEDIC & UNANI SYSTEMS OF MEDICINE, PUNJAB

PROVISIONAL REGISTRATION CERTIFICATE OF AYURVEDIC/UNANI UPVAID

Photo

Certified that Ms/Smt/Sh. D/o W/o S/o Sh
..... Smt.(Mother)..... resident of
..... has
been provisionally registered with this Board of Ayurvedic & Unani systems of Medicine Punjab,
as Ayurvedic/Unani Upvaid, for the purpose of completion of his internship only.

2. Provisional Registration No. -----
3. Qualification
4. Date of Birth
5. Name of Board/University/Institution

Notes:-

11. Valid upto..... & shall have to be surrendered on completion of internship.
12. A copy of the internship completion certificate should be submitted alongwith

Registrar

Common Seal

Dated, Chandigarh, the..... 20

No.....

BOARD OF AYURVEDIC & UNANI SYSTEMS OF MEDICINE, PUNJAB

REGISTRATION CERTIFICATE OF AYURVEDIC/UNANI UPVAID

Photo

Certified that Ms/Smt/Sh. D/o W/o S/o
Sh.....Smt.(Mother)..... resident of
..... has been registered with this Board of Ayurvedic &
Unani Systems of Medicine, Punjab, as Ayurvedic/Unani Upvaid vide Registration No.....
on

1. Qualification
2. Date of Birth
3. Name of Board/University/Institution awarding certificate/diploma
.....
.....

Notes:-

1. This Certificate entitles the holder to stock and sale of Ayurvedic/Unani Medicines within the State of Punjab only.
2. The Certificate holder will not be entitled to practise in Ayurvedic/Unani Systems of Medicine.
3. This Certificate will remain
4. Valid upto.....

Registrar

Common Seal

Dated, Chandigarh, the..... 20

Every registered Ayurvedic/Unani Upvaid should be careful in sending to the Registrar, immediate notice of any change of his address, and also to answer all inquiries that be sent to him by the Registrar in regard thereto, so that his correct address may be duly updated in the register. Otherwise the name of the Ayurvedic/Unani Upvaid is liable to be removed from the register.

BOARD OF AYURVEDIC & UNANI SYSTEMS OF MEDICINE, PUNJAB, CHANDIGARH.

RENEWAL CERTIFICATE OF AYURVEDIC/UNANI UPVAID

Certified that registration as Ayurvedic/Unani Upvaid Ms/Smt/Sh.
..... D/W/S/o Sh.....
Smt.(Mother)..... resident of
..... has been renewed upto..... under the regulation of
Registration of Ayurvedic/Unani Upvaid. Punjab as Ayurvedic/Unani Upvaid Registration
No..... on.....

Registrar,
Board of Ayurvedic & Unani
Systems of Medicine, Punjab,
Chandigarh.

SPECIMEN OF AFFIDAVIT

FOR FRESH REGISTRATION OF AYURVEDIC/UNANI UPVAID FROM ABROAD

To be submitted before the Registrar Board of Ayurvedic & Unani Systems of Medicine, Punjab on Affidavit worth Rs.15/- (Attested by Ist Class Executive Magistrate/Notary Public)

I..... S/W/D/o Sh..... and

Smt(Mother) do hereby solemnly declare as under:-

1. That I have passed Matriculation Examination from (Name of School, Place & Board)..... Tehsil District..... in the Year/Session..... and my date of birth is..... and I have already completed 18 year of age.
2. That I have passed my Diploma certificate of Ayurvedic/Unani upvaid from..... District..... State in year/session.....
3. I have undergone practical training in (Name of Hospital/Dispensary, Place)..... in Tehsil..... District..... State..... for from..... to..... spread over a period.
4. That I am a domicile of Punjab being permanent resident of Vill..... Tehsil District..... in Punjab State.
5. That I am not registered as Ayurvedic/Unani Upvaid anywhere in India with any other authority. I have applied for the Registration with Board of Ayurvedic & Unani Systems of Medicine, Punjab for the first time.
6. That I undertake that my registration as Ayurvedic/Unani Upvaid may be cancelled, if I am found guilty of any offence according to the rules of the Board of Ayurvedic & Unani Systems of Medicine, Punjab. I agree that I will follow the Rules of the said Board which may be laid down for the guidance of registered Ayurvedic/Unani Upvaids from time to time.

DEPONENT

VERIFICATION

I further declare that the above statement of mine is true to the best of my knowledge and belief and nothing has been concealed therein.

Dated

DEPONENT

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BOARD OF AYURVEDIC & UNANI SYSTEMS OF MEDICINE, PUNJAB

REQUIREMENTS GOOD STANDING CERTIFICATE (GSC) FOR ABROAD.

1. Application form of the applicant from his place of residence duly filled, with the attested photograph affixed on it. The signatures and seal of the attesting authority should cover both the photograph and application.
2. The applicant should authorize someone on his behalf to represent him in the office of the Board by attesting his signatures with complete particulars.
3. Attested photocopy of (ORC) Original Registration Certificate.
4. Four photograph (without attestation).
5. Requisition of the Institution asking for Good Standing Certificate.
6. (i) One duly stamped envelope (size -9"x4") addressed to the applicant.
(ii) One duly stamped envelope (size -9"x4") addressed to the concerned Institution.
7. Fee Rs.2000/-

Note:- For applicants residing abroad the attesting authority for all purposes stated above must be of the concerned country.

(Fee has to be deposited in the office in cash or draft in favour of Registrar, Board of Ayurvedic & Unani Systems of Medicine, Punjab payable at Chandigarh.)

Note:- INCOMPLETE APPLICATION SHALL NOT BE CONSIDERED.

REGISTRAR,

BOARD OF AYURVEDIC & UNANI SYSTEMS
OF MEDICINE, PUNJAB, CHANDIGARH.

**SPECIMEN OF AFFIDAVIT IN THE SHAPE OF SELF DECLARATION
FOR REGISTRATION OF ADDITIONAL QUALIFICATION**

On Affidavit worth Rs.15/- (Attested by Ist Class Executive Magistrate)

I..... S/W/D/o Sh.....&

Smt(mother)..... do hereby solemnly declare as under:-

1. That I am registered as Ayurvedic/Unani Upvaid with Board of Ayurvedic & Unani Systems of Medicine, Punjab vide Registration No..... dated.....on the basis of Diploma certificate passed from..... in the year.....
2. That now I have passed i.e..... (qualification) from..... State in year.....
3. That I am applying for the Registration of my additional qualification in the records for the first time.
4. I undertake that I will follow the Rules of Board of Ayurvedic & Unani Systems of Medicine, Punjab which may be laid down for the guidance of registered Ayurvedic/Unani Pharmcists/Upvaid from time to time.

DEPONENT

VERIFICATION

I further declare that the above statement of mine is true to the best of my knowledge and belief and nothing has been concealed therein.

Dated

DEPONENT

BOARD OF AYURVEDIC & UNANI SYSTEMS OF MEDICINE, PUNJAB

REQUIREMENTS FOR FIRST REGISTRATION AS AYURVEDIC/UNANI UPVAID on the basis of Diploma certificate as Ayurvedic/Unani Upvaid (DOMICILE OF OTHER STATES).

1. Application on the prescribed form (available in the office of the Board of Ayurvedic and Unani Systems of Medicine, Punjab.
Note:- The application should not be registered with any other State.
2. Three passport size photographs.
3. **Matriculation Certificate** (showing date of birth) in original alongwith attested photocopy.
4. **Details Marks** of 1st & 2nd years of Diploma certificate as Ayurvedic/Unani Upvaid in original (alongwith one attested photocopy of each). Note:- The institution and the passing out session should be approved.
5. Attested photocopy of **Practical Training**.
6. Attested photocopy of **Character or Provisional Certificate** (issued from Institution from where the diploma certificate in Ayurvedic/Unani Upvaid has been passed) indicating name of Institution and Session.
7. Attested photocopy of **Pre Medical or +2** (whatever applicable).
8. Affidavit (on stamp paper worth Rs.20/-) duly attested by 1st class Magistrate/Oath Commissioner (Specimen available in the office).
9. Three Copies of the **Correspondence address** in Capital letters on plain paper.
10. **Fee:- (i)Rs.3000/-.**
(Fee has to be deposited in the office in cash.

Note:- INCOMPLETE APPLICATION SHALL NOT BE ENTERTAINED.

REGISTRAR,

**BOARD OF AYURVEDIC & UNANI SYSTEMS
OF MEDICINE, PUNJAB, CHANDIGARH.**

SPECIMEN OF AFFIDAVIT

FIRST REGISTRATION FOR DOMICILE OF OTHER STATES

Affidavit worth Rs.20/- (Attested by Ist Class Executive Magistrate)

I..... S/W/D/o Sh.....

mother Smt..... do hereby solemnly declare as under:-

1. That I have passed Matriculation Examination from (School, Place & Board Name)..... Tehsil Distt..... in the year/session..... and may date of birth is..... and I have already completed 18 year of age.
2. That I have passed my Diploma Ayurvedic/Unani Upvaids course from..... Distt..... State in year/session.....
3. I have undergone practical training in (Name of Hospital/Dispensary, Place)..... in Tehsil..... Distt..... State..... from..... to..... spread over a period of three months.
4. That I am not registered as Ayurvedic/Unani Upvaids anywhere in India with any other authority. I have applied for the Registration with Board of Ayurvedic & Unani Systems of Medicine, Punjab for the first time.
5. I undertake that my registration as Ayurvedic/Unani Upvaid may be cancelled, if I am found guilty of any offence according to the Punjab Ayurvedic & Unani Practitioners Act, 1963 as amended from time to time. I agree that I will follow the Rules of Board of Ayurvedic & Unani Systems of Medicine, Punjab which may be laid down for the guidance of registered Upvaid from time to time.

DEPONENT

VERIFICATION

I..... the above said deponent further declare that the above given statement is true to the best of my knowledge and belief.

Dated

DEPONENT

**SPECIMEN OF AFFIDAVIT IN THE SHAPE OF SELF DECLARATION
FOR DUPLICATE REGISTRATION CERTIFICATE**

To be submitted before the Board of Ayurvedic & Unani Systems of Medicine, Punjab (In Case Lost)
On Affidavit worth Rs.15/- (Attested by 1st Class Executive Magistrate)

I..... S/o D/o Sh.....

Smt(Mother)..... do hereby solemnly declare as under:-

1. That I am a domicile of Punjab being permanent resident of Vill.....Tehsil
..... District..... in Punjab State.
2. That I have passed Matriculation Examination from (School, Place & Board
Name)..... Tehsil District..... in the
year/session..... and my date of birth is.....
3. That I have passed my Diploma from a recognized institutions of Ayurvedic/Unani Upvaid
from..... District..... State in year/session
4. That I have obtained my Diploma from a recognised Faculty/Board/University by the State
Govt. of Punjab situated at District..... State in year/session.....
5. I have undergone practical training in (name of Hospital/Dispensary, place)..... in
Tehsil..... of District.....
6. That I am registered with Board of Ayurvedic & Unani Systems of Medicine, Punjab vide
Registration No..... dated.....
7. That I have lost my Registration Certificate at (Specific place)..... in city
or Village..... District..... on dated and have got FIR registered with
Police Station (copy enclosed)
8. That I am applying for the Duplicate Registration certificate for the First/Second/third time.
9. I undertake that I shall never retain two certificates at any one time and if found guilty of
this offence my registration may be cancelled straightway and if the original Certificate is
traced out somehow I will deposit back immediately the duplicate Certificate in the office of
the Registrar, Board of Ayurvedic & Unani Systems of Medicine, Punjab, by coming
personally or by registered post within a week.
10. I undertake the responsibility of any misuse of my original certificate by any body and shall
be liable for action under rules.
11. I undertake that I will follow the Rules of Board of Ayurvedic & Unani Systems of
Medicine, Punjab which may be laid down for the guidance of registered Ayurvedic/Unani
Pharmacist/Upvaid from time to time.

DEPONENT

VERIFICATION

I further declare that the above statement of mine is true to the best of
my knowledge and belief and nothing has been concealed therein.

Dated

DEPONENT