

E-mail: admin.nih@nic.in
Website: www.nih.nic.in



मिसिल सं/ F.No: 5-318/NIH/26th Batch PGTs/2024/ 1201
राष्ट्रीय होमियोपैथी संस्थान / **National Institute of Homoeopathy**
एक स्वायत्त संस्था / An Autonomous Institute
भारत सरकार / Govt. of India
आयुष मंत्रालय / Ministry of Ayush

Satellite Campus

Sector - A8,
Chaudhary Ramdev Chowk,
Narela, Delhi - 110040

Headquarter

ब्लॉक-जी.ई, सेक्टर-३ / Block-GE, Sector-III
साल्ट लेक, कोलकाता-700106/Salt Lake, Kolkata-700106
फोन नं/ Ph. No. 033-2337-0969/70
दिनांक / Dated: 12th September, 2024

**ONLINE COUNSELLING NOTICE FOR ADMISSION TO
3 YEARS M.D.(HOM) DEGREE COURSE FOR THE SESSION 2024 – 2027**

NOTICE

The Ministry of Ayush, Government of India shall conduct Online Counselling for All India Quota seats of Ayurveda, Siddha, Unani and Homoeopathy Postgraduate (PG) course for Academic Session 2024 – 2025 by the **Ayush Admission Central Counselling Committee (AACCC)**.

The time schedule for Central Counselling for All India Quota seat has been finalised (www.aaccc.gov.in; PG Counselling>>Counselling Schedule PG>>download pdf file). **The All India Online Counselling will start from 09th September, 2024.**

All AIAPGET qualified candidates aspiring to take admission at National Institute of Homoeopathy, Kolkata to the 3 years M.D.(Hom.) Degree Course, Session 2024 – 2027, are requested to visit the website www.aaccc.gov.in time to time for updated information regarding Ayush Medical Counselling.

This Public Notice is in pursuance to the letter issued by National Commission for Homoeopathy, Delhi vide F. No. 3-97/2024/NCH/HEB/AACCC/2024-25/3891 dated 03rd September, 2024.

Please find the enclosed Annexures which are required to be submitted (annexures as applicable) with relevant information at the time of provisional admission to M.D.(Hom.) degree course, session 2024 – 2027 at National Institute of Homoeopathy, Kolkata and refer to the prospectus for further information.



प्रोफेसर (डा.) सुभाष सिंह / Prof.(Dr.) Subhas Singh
निदेशक / Director

**ANNEXURE - I
BOND BY STUDENT**

[To be executed by all the candidates provisionally selected for admission to M.D. (Hom)
Course (Session 2024 – 2027) on ₹100/- Non-Judicial Stamp Paper; NOTARISED]

Know All Men that, Iaged..... S/O,
D/O, W/O..... Resident of
.....
.....PS..... District..... State
..... provisionally selected for admission to Postgraduate
Degree Course i.e. MD (Hom.) Degree Course for the session 2024 – 2027 in the subject of
..... at National Institute of Homoeopathy, Kolkata at
Block-GE, Sector-III, Salt Lake, Kolkata, 700106 on the..... Day of
....., do hereby undertake to complete the said course as per the requirement
of the University/Institute. In the event of my leaving the studies in between at any point
during the course without completion of the course I bind myself to National Institute of
Homoeopathy, Kolkata, for payment to the National Institute of Homoeopathy of a sum of
₹1,00,000/- (Rupees One Lakh only) over and above refund of the entire amount received as
stipend up to that date/ till the date of discontinuation and I will not claim the same afterwards.

Date: _____ **Full Signature of the candidate**
Station: _____

Signed by the above bounden in presence of:

WITNESS

1. Signature: _____
Name and address in full

2. Signature: _____
Name and address in full

SURETIES

1. Signature: _____
Name and address in full

2. Signature: _____
Name and address in full

**N.B: Witness and Sureties (four individuals) should be preferably by Permanent
Gazetted Officers or individuals having landed properties in their name or
individuals in full time permanent service with PAN.**

ANNEXURE-2
MEDICAL CERTIFICATE

(To be filled in, not below the rank of Civil Surgeon/Chief District Medical Officer of a District General Govt. Hospital, to be submitted by the candidate at the time of counselling/admission)

Signature of the applicant (in full) _____

Does the applicant to the best of your judgment suffer from any defect of vision?

Yes/No

Can the candidate to the best of your judgment readily distinguish the pigmentary colours?

Yes/No

Name of the candidate _____

Son/Daughter/Wife of _____

resident of Village/Town _____ PS _____

District _____ Pin Code _____

State _____.

I do hereby certify that I have personally examined Dr. whose signature is given above, a candidate for admission to MD (Hom) course at National Institute of Homoeopathy, Kolkata and cannot discover that he/she has any disease, constitutional affection of bodily infirmity expect _____.

I do consider/do not consider this a disqualification for admission to MD (Hom.) course at National Institute of Homoeopathy, Kolkata. His/her age according to his/her own statement is _____ years and as per his/her appearance he/she is about _____ years.

Marks of Identification:

i.

ii.

Place-

Civil Surgeon/Chief District Medical Officer

Date-

Name and designation, official seal

Note: 'Persons with disabilities' as defined by MCI, i.e., 50-70% loco-motor disability involving the lower limb(s) only. Blind including colour blind, deaf & dumb candidates are not eligible for the Course as per NCH norms.

N.B: Words not applicable may be scored through.

13. Name and address of any individual(s) with whom the student is permitted by the parents to meet/stay for short period with permission of the Hostel In-charge.

Name

Relationship:

Address with Telephone No:

Name

Relationship:

Address with Telephone No:

14. Name and address of one person responsible to the parents, to whom intimation could be sent whenever the parents/legal guardian could not be contacted:

Name:

Relationship:

Address with Tel. No & Email-ID

I, Dr. _____ aged _____ Yrs.
Son/Daughter/Wife of Shri _____ resident of
Village/Town _____ PS _____ Dist.
_____ Pin _____ State _____

provisionally admitted to MD (Hom.) Degree Course for the session 2024 – 2027 at National Institute of Homoeopathy, Kolkata at Block-GE, Sector-III, Salt Lake, Kolkata, 700106 do hereby declare that the information furnished above are true to the best of my knowledge and belief. I also declare that I shall not indulge in any such activity which is detrimental to the interest of the Institute. I shall not keep any unauthorised person(s) with me in my room in the hostel.

I have read and acquainted myself with the rules and regulations framed by the Institute authority. I also do hereby affirm that I shall be abiding by all the rules & regulations of the hostel and other additions/modifications in the rules & regulations which will be implemented from time to time by the competent authority. I am aware that if I fail to observe these rules I shall be compelled to leave the hostel.

I do hereby affirm that I have read and understood the full content and implications of the aforesaid declaration. This undertaking is being made on my own volition, in sound Mind and Health and without any undue influence, coercion, force and/or compulsion.

Signature of the Applicant (in full)

Date:

Place:

Signature of the parent / Legal Guardian with date

I, _____ resident of
Village/Town _____ PS _____ Dist.
_____ Pin _____ State _____ agree to
act as local guardian of the above-mentioned student.

Date:

Signature of the Local Guardian

(For office use only)

Received on: _____ Issued on Room No.: _____

Loan Note Sent on _____ Loan sanction on: _____

Furniture Issued Date: _____ Hostel Boys'/Girls' _____

Signature of inventory holder: _____ Clearance issued on: _____

Signature of Hostel In-Charge

ANNEXURE - 4

(Form of Caste Certificate to be produced by a candidate belonging to Scheduled Caste or Scheduled Tribe Category in support of claim)

Form of caste certificate as prescribed in MHA OM No. 42/21/49-NSG dated 28-01-1952 as revised in the Department of Personnel & AR letter No.36012/6/76- Esst. (SCT) dated 29-10-1977, to be produced by a candidate belonging to Scheduled Caste and Scheduled Tribe Category in support of his claim.

This is to certify that Shri/Smt./Kumari*
Son/daughter* of of village/town*
..... in District/Division of the
State/Union Territory* belongs to the Cast/Tribe*
which is recognised as a Scheduled Caste/Schedule Tribe* under:

- The Constitution (Scheduled Castes) Order, 1950.
- The Constitution (Scheduled Tribes) Order, 1950.
- The Constitution (Scheduled Castes)(Union Territories) Order, 1951.
- The Constitution (Scheduled Tribes)(Union Territories) Order, 1951.
- [As amended by the Scheduled Castes and Scheduled Tribes Lists (Modification Order) 1956, the Bombay Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North-Eastern Regions (reorganisation) Act, 1971 and the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976.
- *=The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956;
- *= The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959, as amended by the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976. *=The Constitution (Dadra and Nagar Haveli) Scheduled Castes Order, 1962; *=The Constitution (Dadra and Nagar Haveli) Scheduled Tribes Order, 1962;
- *=The Constitution (Pondichery) Scheduled Castes Order, 1964;
- *=The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967;
- *=The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968; *=The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968;
- *=The Constitution (Nagaland) Scheduled Tribes Order, 1970;
- *=The Constitution (Sikkim) Scheduled Castes Order, 1978; *=The Constitution (Sikkim) Scheduled Tribes Order, 1978;
- *=The Constitution (Jammu and Kashmir) Scheduled Tribes Order, 1989;
- *=The Constitution (Scheduled Castes) Order (Amendment) Act, 1990; *=The Constitution (Scheduled Tribes) Order (Amendment) Act, 1991;
- *=The Constitution (Scheduled Castes) Order (Amendment) Act, 1990;
- *=The Constitution (Scheduled Tribes) Order Second Amendment Act, 1991;

This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribes Certificate issued to Shree/Smt..... father/mother* residing in District / Division* of the State/Union Territory* Who belong to the Caste/Tribe* which is recognised as a Scheduled Castes/Scheduled Tribes in the State/Union Territory*

Issued by the, dated.....
Shri/Smt./Kumari* and/or* his/her* family ordinarily reside(s) in village/town* District/Division* of the State/Union Territory* of

Signature.....
Designation.....
(with official seal)

Place **State/Union Territory**
Date.....

Note: The term ordinarily resides used here will have the same meaning as in Section 20 of the Representation of the Peoples Act, 1950.

* Please delete the words, which are not applicable.

The para 2 is applicable in areas when the caste certificate has been issued by the competent authority in the State/Union Territory in which the applicant is residing after migration. That a Caste/Tribe certificate should necessarily contain information about:

- a) Name of the person
- b) Father's name
- c) Permanent place of residence
- d) Name of the Caste/Tribe
- e) Constitutional order under which the caste/tribe has been notified
- f) Signature of issuing authority along with the designation, seals and date
- g) Authorities who can issue a caste/Tribe certificate are :
 - 1) District Magistrate/ Additional District Magistrate/ Collector, Deputy Commissioner/ Additional Deputy Commissioner/ Deputy Collector/ 1st Class Stipendiary Magistrate/ Sub-Divisional Magistrate/ Taluka Magistrate/ Executive Magistrate/ Extra Assistant Commissioner.
 - 2) Chief Presidency Magistrate/ Additional Chief Presidency Magistrate/ Presidency Magistrate
 - 3) Revenue Officer not below the rank of Tehsildar.
 - 4) Sub-Divisional Officer of the area where the candidate and/or his/her family normally resides.

ANNEXURE – 5

(Form of OBC Certificate to be produced by the candidates belonging to OBC Category)
Circulated vide No. 36036/2/2013 – Estt. (Res.) dated 30-05-2014, Department of Personnel and
Training, Ministry of Personnel, Public Grievances & Pensions, Govt. of India.

This is to certify that Shree/ Smt./ Kumari _____ son/ daughter of
_____ of village/ town _____ district/ division
_____ belongs to _____
community which is recognized as a backward class under the Government of India, Ministry
of Social Justice and Empowerment Resolution No. _____ dated
_____.
Shree/ Smt./ Kumari* _____ and/or his/her family ordinarily reside(s)
in the District/ Division of _____ State/ Union Territory.

This is also certified that she/ he does not belong to the persons/ selections (Creamy Layer)
mentioned in the Column 3 Schedule to the Government of India, Department of Personnel
& Training O.M. No. 36012/22/93- Estt. (SCT) dated 08-09-1993**

District Magistrate/Deputy Commissioner, etc.

Dated Seal:

*The authority issuing the certificate may have to mention the details of the Resolution of the
Govt.

of India, in which the caste of the candidate is mentioned as OBC

** -As amended from time to time

Note: The term ordinarily resides used here will have the same meaning as in Section 20 of
the Representation of the Peoples Act. 1950.

Community which is recognized as Backward class:

- 1) Resolution No. 12011/68/93-BCC dated 10-09-1993 published in the *Gazette of India, Extra Ordinary, Part – I Section – I, No. 186 dated 13-09-1993.*
- 2) Resolution No. 12011/9/94-BCC dated 19-10-1994 published in the *Gazette of India, Extra Ordinary, Part – I Section – I, No. 163 dated 20-10-1994.*
- 3) Resolution No. 12011/7/95-BCC dated 24-05-1995 published in the *Gazette of India, Extra Ordinary, Part – I Section – I, No. 88 dated 25-05-1995.*
- 4) Resolution No. 12011/96/93-BCC dated 09-03-1996
- 5) Resolution No. 12011/44/96-BCC dated 06-12-1996 published in the *Gazette of India, Extra Ordinary, Part – I Section – I, No. 210 dated 11-12-1996.*
- 6) Resolution No. 12011/13/97-BCC dated 03-12-1997
- 7) Resolution No. 12011/99/94-BCC dated 11-12-1998
- 8) Resolution No. 12011/68/93-BCC dated 27-10-1999
- 9) Resolution No. 12011/88/98-BCC dated 06-12-1999 published in the *Gazette of India, Extra Ordinary, Part – I Section – I, No. 270 dated 06-12-1999.*
- 10) Resolution No. 12011/36/99-BCC dated 04-04-2000 published in the *Gazette of India, Extra Ordinary, Part – I Section – I, No. 71 dated 04-04-2000.*
- 11) Resolution No. 12011/44/99-BCC dated 21-09-2000 published in the *Gazette of India, Extra Ordinary, Part – I Section – I, No. 210 dated 21-09-2000.*

Authorities who can issue OBC certificate are:

- 1) District Magistrate/ Additional District Magistrate/ Collector, Deputy Commissioner/ Additional Deputy Commissioner/ Deputy Collector/ Ist Class Stipendiary Magistrate/ Sub Divisional Magistrate/ Taluka Magistrate/ Executive Magistrate/ Extra Assistant Commissioner.
- 2) Chief Presidency Magistrate/ Additional Chief Presidency Magistrate/ Presidency Magistrate
- 3) Revenue Officer not below the rank of Tehsildar
- 4) Sub-Divisional Officer of the Area where the candidate and/or his/her family normally resides.

**** Validity period of OBC Certificate in respect of 'creamy layer' status of the candidates must be in conformity to the Office Memorandum F. No. 36036/2/2013- Establishment Reservation-I Estt.(Res-I) Dated 31st March 2016 Section Government of India Ministry of Personnel, Public Grievances & Pensions Department of Personnel & Training Establishment Reservation — I Section North Block, New Delhi.**

*** The creamy layer certificate must be in conformity of the O.M. 36033/1/2013-Estt. (Res.) dated 13-09-2017 issued by the Ministry of Personnel and Public Grievances & Pensions- Department of Personnel & Training.**

ANNEXURE – 6

(Declaration to be submitted by the OBC candidates in addition to their OBC certificate)

I, Shree/ Smt./ Kumari/ _____ son/ daughter of
_____ residing at
_____, district/ division
_____ State/ Union Territory of
_____ do hereby declare that, I belong to the
_____ caste/ community; which is recognized as Other
Backward Class by the Govt. of India, for the purpose of reservation in service/ education as
per the Order contained in the Department of Personnel & Training, Ministry of Personnel,
Public Grievances & Pensions, Govt. of India O.M. No. 36012/22/93- Estt. (SCT) dated 08-09-
1993**. It is also declared that I do not belong to the persons/ selections (Creamy Layer)
mentioned in the Column 3 Schedule to the Government of India, Department of Personnel
& Training O.M. No. 36012/22/93- Estt. (SCT) dated 08-09-1993** and modified by the
Department of Personnel & Training, Ministry of Personnel, Public Grievances & Pensions,
Govt. of India O.M. No. 30633/3/2004 Estt. (Res.) dated 09-03-2004 and 14-03-2008 and O.
M. No. 36033/ 1/2013 Estt. (Res.) dated 27-05-2013 and Validity period of OBC Certificate
in respect of 'creamy layer' status of the candidates must be in conformity to the Office
Memorandum F. No. 36036/2/2013- Establishment Reservation — I Estt.(Res-I) Dated 31st
March 2016 Section Government of India Ministry of Personnel, Public Grievances & Pensions
Department of Personnel & Training Establishment Reservation — I Section North Block,
New Delhi and O.M. 36033/1/2013-Estt. (Res.) dated 13-09-2017 issued by the Ministry of
Personnel and Public Grievances & Pensions- Department of Personnel & Training, Govt. of
India.

Signature of the Candidate

ANNEXURE – 7

Proforma for ECONOMICALLY WEAKER SECTIONS (EWS) Certificate

(INCOME & ASSETS CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS)

Government of
(Name & Address of the authority issuing the certificate)

Certificate No

Date:

VALID FOR THE YEAR

This is to certify that Shri/Smt./Kumari..... son/daughter/wife of permanent resident of, Village/Street Post. Office..... District..... in the State/Union Territory Pin Code..... whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her family** is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year His/her family does not own or possess any of the following assets*** :

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in. areas other than the notified municipalities.

2. Shri/Smt./Kumaribelongs to the caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Recent Passport size
attested photograph of
the applicant

Signature with seal of office.....

Name

Designation

***Note 1:** Income covered all sources i.e. salary, agriculture, business, profession, etc.

****Note 2:** The term 'Family' for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 15 years

*****Note 3:** The property held by a 'Family' in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

The authorities competent to issue EWS Certificates are indicated below:

- (i) District Magistrate/ Additional Magistrate/ Collector/ Deputy Commissioner/ Additional Deputy Commissioner/ Deputy Collector/ 1st Class Stipendiary Magistrate/ Sub-Divisional Magistrate/ Taluka Magistrate/ Executive Magistrate/ Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate)
- (ii) Chief Presidency Magistrate/ Additional Chief Presidency Magistrate/ Presidency Magistrate
- (iii) Revenue Officer not below the rank of Tehsildar and
- (iv) Sub-Divisional Officer of the area where the candidate and/or his/her family resides.

The date of Issue of EWS Certificate should be after 31st March, 2024

ANNEXURE - 8

MEDICAL CERTIFICATE

(To be filled in by not below the rank of Civil Surgeon/Chief District Medical Officer of a District General Govt. Hospital, to be submitted by the candidate at the time of counselling/admission)

Signature of the applicant (in full) _____

Does the applicant to the best of your judgment suffer from any defect of vision?

Yes/No

Can the candidate to the best of your judgment readily distinguish the pigmentary colours?

Yes/No

I do hereby certify that I have personally examined Mr./Ms. _____
_____, Son/Daughter/Wife of Mr. _____,
resident of Village/Town _____ PS _____
District _____, Pin _____ whose
signature is given above, a

Candidate for admission to M.D.(Hom.) Postgraduate Degree Course at National Institute of Homoeopathy, Kolkata and cannot discover that he/she has any disease, constitutional affection of bodily infirmity expects and communicable disease I do consider/do not consider this a disqualification for admission to M.D.(Hom.) Postgraduate Degree Course at National Institute of Homoeopathy, Kolkata. His/her age according to his/her own statement years and as per his/her appearance he/she is about years.

Marks of Identification:

A.

B.

Place-

Date-

Civil Surgeon/Chief District Medical Officer
Name and designation, official seal

N.B: Words not applicable should be scored through.

Candidates who considered themselves eligible for this category are advised to ensure their eligibility by getting themselves examined at any Government Medical College/District Hospital/Government Hospital. However, candidates may kindly note that in case of selection under PH category, they will be required to produce Disability Certificate from one of the disability assessments boards, constituted at the four metro cities, mentioned below, before their scheduled date of counselling.

ANNEXURE – 9
CERTIFICATE OF DISABILITY

(As per Rights of Persons with Disabilities Act, 2016)
(For Admission to Medical Courses in All India Quota)

Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi – 110029
All India Institute of Physical Medicine and Rehabilitation, Hazi Ali, Mumbai – 100034
Institute of Post Graduate Medical Education & Research, Kolkata – 700020
Madras Medical College, Park Town, Chennai – 600003

(Select and tick-mark any one of the above)

Certificate No. _____ Dated _____

This is to certify that Dr./Mr./Ms. _____

Aged _____ Years; Son/Daughter of Mr. _____

Resident of _____

Rank No. _____ is suffering from _____ (Name of the Disease) and has Permanent Physical Impairment (PPI) of Left/Right/Both Lower Limb. He/She is Locomotor disabled and has the percentage of _____ (in words) _____ (in Figure) of (40% - 70%) disability of lower limbs.

He/ She is eligible/NOT eligible for admission in Medical/Dental Courses as per the MCI/DCI guidelines subject to his/her being otherwise medically fit.

Recent Passport size photograph of the candidate duly attested by the issuing authority

Sign. & Name _____ Sign. & Name _____ Sign. & Name _____
(Concerned Specialist) (Concerned Specialist) (Concerned Specialist)

ANNEXURE – 10
ANTI-RAGGING AFFIDAVIT

As per the University Grants Commission (UGC) regulations and directives from the Hon'ble Supreme Court of India, both the student seeking admission to any course in NIH, Kolkata and his legal guardian are required to submit duly **notarized affidavit typed on ₹10/- non judicial Stamp paper**. The affidavit is to be submitted on the day of admission to the course and subsequently at the beginning of each academic year. This affidavit must be submitted along with the acknowledgement receipt of the on-line affidavit submitted at the UGC website www.antiragging.in. The text of the affidavit is mentioned below:

ANTI-RAGGING AFFIDAVIT BY STUDENT

1. I, _____ Son/daughter of _____ resident of _____, having been admitted to National Institute of Homoeopathy, Kolkata, have received a copy of the UGC Regulations on curbing the menace of ragging in higher Educational Institution, 2009 [herein after called as "The Regulations"] carefully read and fully understood the provisions contained in the said regulations.
2. I have, particular perused the *Clause 3* of The Regulations and I am aware as to what constitutes ragging.
3. I have also, in particular, perused the *Clause 7 & 9.1* of The Regulations and fully aware of the penal and administrative action that is liable to be taken against me in case I am found abetting ragging, actively or passively or being a part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that
 - a. I will not indulge in any behaviour or act that may be constituted as ragging under *Clause 3 of The Regulations*.
 - b. I will not participate in or abet or propagates through any act of commission or omission that may be constituted as ragging under *Clause 3 of The Regulations*.
5. I hereby affirm that, if found guilty of ragging, I am liable for punishment according to *Clause 9.1 of The Regulations*, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
6. I hereby declare that I have not been expelled or debarred from admission in any Institution in the country on the account of found guilty of, abetting or being a part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of this affidavit is false and nothing has been concealed or misstated therein.

Place:

Signature of the Deponent

Date:

Address:

Telephone No.

Email ID:

Solemnly affirmed and signed in my presence on this the _____ day of _____ month of _____ year after reading contents of this affidavit.

Oath Commissioner

ANNEXURE – II
ANTI-RAGGING AFFIDAVIT BY PARENT/LEGAL GUARDIAN

I, _____ father/ mother/ legal guardian of _____, having been admitted to National Institute of Homoeopathy, Kolkata, have received a copy of the UGC Regulations on curbing the menace of ragging in higher Educational Institution, 2009 [herein after called as “The Regulations”] carefully read and fully understood the provisions contained in the said regulations.

I have, particular perused the *Clause 3* of The Regulations and I am aware as to what constitutes ragging.

I have also, in particular, perused the *Clause 7 & 9.1* of The Regulations and fully aware of the penal and administrative action that is liable to be taken against my ward in case she/he is found guilty of or abetting ragging, or actively or passively or being a part of a conspiracy to promote ragging.

I hereby solemnly aver and undertake that

My ward will not indulge in any behaviour or act that may be constituted as ragging under *Clause 3 of The Regulations*.

My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under *Clause 3 of The Regulations*. 5. I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to *Clause 9.1 of The Regulations*, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.

6. I hereby declare that my ward has not been expelled or debarred from admission in any Institution in the country on the account of found guilty of abetting or being a part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of this affidavit is false and nothing has been concealed or misstated therein.

Place:

Signature of the Deponent

Date:

Address:

Telephone No.

Email ID

Solemnly affirmed and signed in my presence on this the _____ day of _____ month of _____ year after reading contents of this affidavit.

Oath Commissioner

ANNEXURE – 12

{To be executed by all the candidates provisionally selected for admission to MD (Hom) Degree Course (Session 2024 – 2027) typed and NOTARISED on ₹10/- Non-Judicial Stamp Paper}

PROFORMA FOR EDUCATIONAL GAP AFFIDAVIT

I, Dr. _____,
son/daughter/wife of Sh. _____, aged
about _____ years, residing at _____, District
_____, State of _____ do solemnly affirm

That I have completed one-year compulsory rotatory Internship prescribed by Central Council of Homoeopathy/National Commission for Homoeopathy as a part of 5½ years BHMS Degree Course from _____ to _____ studied at _____.

That after completion of my Internship I was engaged in _____

(nature of the activity undertaken during the period) till the date of this affidavit.

That I have not been admitted and /or awarded with M.D.(Hom.) Degree so far from any University in India till the date of this affidavit.

Signature of the deponent

Address:

Date:

Place:

Oath Commissioner

ANNEXURE – 13

PROFORMA FOR UNDERTAKING BY THE STUDENT

{To be executed by all the candidates provisionally selected for admission to MD (Hom) Degree Course (Session 2024 – 2027) typed and NOTARISED on ₹10/- Non-Judicial Stamp Paper}

Each student seeking admission to MD (Hom) course at National Institute of Homoeopathy and his/her parent/legal guardian are required to submit the undertaking on the day of admission to the course. I do hereby undertake and declare as follows:

1. I, _____ Son/daughter of _____, having been recommended for admission to National Institute of Homoeopathy, Kolkata, have received a copy of the prospectus of National Institute of Homoeopathy and I have carefully read and fully understood the discipline and duties and General Rules of the Institute as well as Hostel, described in the prospectus [herein after referred as Regulations of the Institute]
2. I have understood what constitutes misconduct and /or indiscipline as mentioned in the Regulations of the Institute.
3. I have made myself aware of the penal and administrative action that may be taken against me in the event I am found abetting indiscipline and / or misconduct, actively or passively or being a part of a conspiracy to promote indiscipline and /or misconduct.
4. I do hereby undertake that
 - a. I will not indulge in any behaviour or act that may be constituted as indiscipline and/or misconduct.
 - b. I will not participate in or abet or propagate through any act of commission or omission that may be constituted as misconduct and/or indiscipline with reference to Regulations of the Institute.
 - c. I individually or collectively will not interfere or prevent the normal functioning of academic activity; general administration or functioning of hospital (OPD/ IPD) affecting patient care.
5. I do hereby affirm that, if found guilty of any misconduct and/or indiscipline, I would be liable for punishment according to Regulations of the Institute without prejudice to any other action that may be taken against me as available under the law of the land.
6. I do hereby declare that I have not been expelled or debarred from admission in any Institution in the country on the account of found guilty of any misconduct and /or indiscipline, abetting or being a part of a conspiracy to promote, indiscipline by any authority/Institute of the country and I further affirm that, in case if at any point of time during my study it is found that I have declared falsely or that the declaration contains any untrue statement, my admission shall automatically stand cancelled.
7. I do hereby affirm that I have read and understood the contents, purports and implications of the aforesaid declaration. This undertaking is being made out of own volition, in sound Mind and health and without any undue influence, coercion, force and/or compulsion.
8. The statements made in the aforesaid paragraphs are true to the best of my knowledge and belief.

Signature of the deponent

Date:

Address: Permanent & Correspondence

Place:

Telephone No. Landline / Mobile

Email

ID Confirmed and agreed to and witnessed by

- 1.
- 2.

Signature of the Guardian

ANNEXURE – 14

PROFORMA FOR UNDERTAKING BY PARENT / LEGAL GUARDIAN

{To be typed on a ₹10/- Non-Judicial Stamp Paper; and shall be NOTARISED}

1. I, _____ father/ mother/ legal guardian of _____, who has taken admission at National Institute of Homoeopathy, Kolkata, to M.D.(Hom.) course for the session 2023 – 2026 in the department of _____ have received a copy of the prospectus, carefully read and fully understood the discipline and duties and General Rules of the Hostel [herein after referred as Regulations of the Institute]
2. I have, in particular understood what constitutes indiscipline and/or misconduct with reference to the Regulations of the Institute.
3. I have also made myself fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found to be abetting indiscipline and /or misconduct actively or passively or being a part of a conspiracy to promote indiscipline and or misconduct.
4. I do hereby undertake that
 - a. My ward will not indulge in any behaviour or act that may be constituted as misconduct and /or indiscipline with reference to the Regulations of the Institute.
 - b. My ward will not participate or abet or propagate through any act of commission or omission that may be constituted as indiscipline and /or misconduct with reference to the Regulations of the Institute.
 - c. My ward individually and/or collectively will not interfere and/or prevent the normal functioning of academic activity; general administration and/or functioning of hospital (OPD/IPD) affecting patient care.
5. I do hereby declare that if my ward is found to be indisciplined he is liable for punishment according to Regulations of the Institute, without prejudice to any other action that may be taken against him/her under law of the land for the time being in force.
6. I do hereby declare that my ward has not been expelled or debarred from admission in any Institution in the country on the account of found guilty of abetting or being a part of a conspiracy to promote misconduct and/or indiscipline; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.
7. I do hereby affirm that I have read and understood the full contents, purports and implications of the aforesaid declaration. This undertaking is being made out of own volition, in sound mind and health and without any undue influence, coercion, force and/or compulsion.

The statements made in the aforesaid paragraphs are true to the best of my knowledge and belief.

Place:

Signature of the Deponent

Date:

Address:

Telephone No. Land line/Mobile

Email ID