

	करने का मास और वर्ष	अवधि और स्थान।	संख्या और रजिस्ट्रीकरण की तारीख सहित उस निकाय या संगठन या संस्थान का नाम जिसमें रजिस्ट्रीकृत हैं।	रजिस्ट्रीकरण या अनुज्ञप्ति नम्बर और तारीख सहित उस निकाय या संगठन या संस्थान का नाम जिसमें रजिस्ट्रीकृत हैं।
(9)	(10)	(11)	(12)	(13)

क्या रजिस्ट्रीकरण या अनुज्ञप्ति नवीकरणीय है या स्थायी है।	अध्यापन या अनुसंधान या चिकित्सा व्यवसाय के प्रयोजनों के लिए पूर्ण पता सहित अस्पताल या संस्थान का नाम।	प्रशिक्षण या अनुसंधान या चिकित्सा व्यवसाय की अवधि।	भारत में 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।	भारत में नियोजन अस्थायी या स्थायी था, विनिर्दिष्ट करें।
(14)	(15)	(16)	(17)	(18)

[फा. सं. आर-21011/10/2020-ईपी-III]

पी.एन. रणजीत कुमार, संयुक्त सचिव

MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY**NOTIFICATION**

New Delhi, the 1st June, 2021

G.S.R. 358(E).—In exercise of the powers conferred by clause (k) of sub-section (2) of section 54 of the National Commission for Homoeopathy Act, 2020 (15 of 2020), the Central Government hereby makes the following rules, namely:—

1. Short title and commencement.— (1) These rules may be called the National Commission for Homoeopathy (Submission of List of the Homoeopathy Practitioners) Rules, 2021.

(2) They shall come into force from the date of their publication in the Official Gazette.

2. Definitions.— (1) In these rules, 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 constituted under section 3 of the Act;

(c) “section” means a section of the Act.

(2) Words and expressions used in these rules and not defined herein but defined in the Act, shall have the respective meanings assigned to them in the Act.

3. Manner of submitting list of medical practitioners under first proviso to sub-section (1) of section 34.— (1) The Commission shall submit the list of the Homoeopathy Practitioners to the Central Government once in every six months in Form A and Form B of the Schedule annexed to these rules.

(2) The Commission shall submit the Forms referred to in sub-rule (1) in a portable document format (PDF) by electronic mode and forward two hard copies of the same by speed post to the Joint Secretary to the Government of India in-charge of the affairs of the National Commission for Homoeopathy in the Ministry of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy.

SCHEDULE**FORM A**

[See rule 3]

List of Homoeopathy Practitioners possessing recognised medical qualifications enrolled in State Register or National Register.

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.
(1)	(2)	(3)	(4)	(5)	(6)	(7)

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.
(8)	(9)	(10)	(11)	(12)

FORM B

[See rule 3]

List of the Homoeopathy Practitioners possessing medical qualifications from outside India and permitted to practice in India for a limited period under second proviso to sub-section (1) of section 34.

S.No.	Name of professional (IN BLOCK LETTERS) with recent photograph.	Father's name (IN BLOCK LETTERS).	Present correspondence address.	Permanent address.	Passport number.	Phone, Fax and mobile numbers with e-mail address.	Visa details.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

Date of birth and Nationality.	Name of medical degree or diploma 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 with registration or license number and date.
(9)	(10)	(11)	(12)	(13)

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 employment in India was temporary or permanent to be specified.
(14)	(15)	(16)	(17)	(18)

[F.No. R-21011/10/2020-EP-III]

P.N. RANJIT KUMAR, Jt. Secy.