



NORTH EAST CHRISTIAN UNIVERSITY

Govt. of Nagaland. Act Gazette No. LAW/NECU-10/2012 (Act No. 4 of 2013)

Anchor Complex, Burma Camp East Block, Post Box-109
Dimapur-797112, Email: necuvarsity@gmail.com Website – www.necu.ac.in

PASTE
PASSPORT
PHOTO

PrCB PR 006

Application No.: _____

Application Form for Voluntary Certification Scheme for Traditional Community Healthcare Providers (VCSTCHPs)

Full Name:

Sex: Male / Female _____ Date of Birth: (dd/mm/yyyy)

Contact Address: _____

Taluka: _____ District: _____ Pin Code:

Telephone No. Mobile No:

Fill in the particulars of family elder / Guru who trained the applicant in folk treatment for primary healthcare related common ailments:

Full Name: _____ Relationship: _____

Contact Address: _____

Taluka: _____ District: _____ Pin Code:

Telephone No. Mobile No:

Your years of experience or practice as TCHP: _____ years

LIST THE STREAMS OF PRACTICE:

Which stream(s) would you like to be assessed for certification? Please Tick (✓) any 'ONE Domain'

- | | |
|---|--|
| <input type="checkbox"/> Common Ailments | <input type="checkbox"/> Jaundice |
| <input type="checkbox"/> Poisonous Bites | <input type="checkbox"/> Traditional Birth Attendant |
| <input type="checkbox"/> Traditional Bone Setting | <input type="checkbox"/> Arthritis |

Have you registered with any PrCB before? Yes/ No _____

Was your application rejected before? Yes/ No _____

If already certified or applied assessment under the same scheme, state your application number?

Any special needs _____



NORTH EAST CHRISTIAN UNIVERSITY

Govt. of Nagaland. Act Gazette No. LAW/NECU-10/2012 (Act No. 4 of 2013)

Anchor Complex, Burma Camp East Block, Post Box-109

Dimapur-797112, Email: necuvarsity@gmail.com Website – www.necu.ac.in

DECLARATION

I hereby declare that to the best of my knowledge and ability I provide traditional/folk treatment for primary healthcare conditions with herbal remedies and as trained by my family elder / Guru mentioned above and that I Do Not provide any treatment to my patients with help of medicines of Allopathy or Homoeopathy. I hereby declare that all information provided by me above are truthful and to the best of my knowledge.

I have enclosed self-attested 3 passport size photographs

(_____)

Applicant's Signature

Name: _____

Date: _____ (dd/mm/yyyy)

Place: _____

APPLICATION FEES PAYMENT STATUS: (₹7500 per domain)

1. **Mode of Payment:** Cash/ Draft/ Account Transfer

Transaction ID:

2. **Amount Received (✓):** Yes/ No **Date** (DD/MM/YY)

FOR OFFICE USE ONLY

Application Status: Selected/ Rejected

Reason(s)

Signature: _____

(Technical Head/ Quality Manager)

Date: _____ (dd/mm/yyyy)

Place: _____