

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 Need _____

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: _____

Attached Supporting Documents:

- 1. Self Declaration**
- 2. Code of Conduct**
- 3. Free Prior Informed Consent**
- 4. Endorsement by Village Panchayath Gram Sabha/ Grama Panchayath/ Local Government**
- 5. F-18**

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: _____