



**THE INSTITUTION OF HOMOEOPATHS KERALA
THE TEACHING FACULTY
Application Form for Recertification**

Passport
Size
Photograph

Name	
Qualifications	
Address	
Phone Numbers: Office/Clinic Residence Mobile	
E-mail address Web site	
Designation Institution	
Experiences in Homoeopathic Profession: Clinical Academic/ Teaching Research Publication Computer Others	
Unit of IHK where Life Membership is held	
Areas/ Subjects of Special Interest in Which to Engage Classes in CHME Programmes	
Year of Qualification as a member of Teaching Faculty UHTF/ DHTF/ NHTF/ IHTF	

Certificate from Unit Secretary

Certified that Dr.is holding Bona fide Life Membership in theunit of IHK

Signature with Date
Name

For Office Use:	Recertified / not Re certified
Place Date:	Signature The Chairman, Teaching Faculty



Passport
 Size
 Photograph

THE INSTITUTION OF HOMOEOPATHS KERALA
THE TEACHING FACULTY
Application Form for Prime Graduation and Certification

Name	
Qualifications	
Address	
Phone Numbers: Office/Clinic Residence Mobile	
E-mail address Web site	
Designation Institution	
Experiences in Homoeopathic Profession: Clinical Academic/ Teaching Research Publication Computer Others	
Unit of IHK where Life Membership is held	
Areas/ Subjects of Special Interest in Which to Engage Classes in CHME Programmes	

Certificate from Unit Secretary

Certified that Dr.is holding Bona fide Life Membership in theunit of IHK

Signature with Date
Name

For Office Use: Grade:

Qualified / Not Qualified

Place

Signature

Date:

The Chairman, Teaching Faculty

(Grades and Marks: A+ = 91-100; A = 81-90; B+ = 71-80; B = 61-70; C+ = 51-60; C = 41-50)