

Rules Relating to the Enlistment of Person in Practice Belonging to the Indigenous System

UTTAR PRADESH

India

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Rule

RULES-RELATING-TO-THE-ENLISTMENT-OF-PERSON-IN-PRACTICE- of 1964

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Rules Relating to the Enlistment of Person in Practice Belonging to the Indigenous SystemPublished vide Notification No. 2 CI/U 1069-51, dated 20th January, 1964, published in U.P. Gazette Part 1-A, dated 25th January, 1964, page 182In Exercise of the powers under Section 42 of the U.P. Indian Medicine Act, 1939. (U.P. Act No. X of 1939), the Governor of Uttar Pradesh is pleased to make the following rules relating to the enlistment of persons in practice belonging to the indigenous system :Rules

1.

These rules may be called "The Rules Relating to the Enlistment of Persons in Practice Belonging to the Indigenous System".

2.

The list to be maintained under sub-section (1) of Section 50 of the U.P. Indian Medicine Act, 1939 by the Registrar shall be in the form prescribed in Appendix 'A'.

3.

An application for enlistment as a person in practice belonging to the indigenous system shall be made to the Registrar in the form prescribed in Appendix 'B' and in accordance with the instructions given therein.

4.

Any person applying for enlistment must not be-(1)less than twenty-five years of age on the date of application; and(2)of unsound mind.

5.

Every application for enlistment shall be accompanied by a certificate of the District Magistrate or a first class Magistrate or any other Stipendiary Magistrate or Chairman or any Member of the Board of Indian Medicine, Uttar Pradesh or President of a Zila Parishad or President of a Municipal Board or any M.L.A., or any M.L.C., or M.P., in the following form :This is to certify that
Sri/Srimati/Kumari..... son/wife/daughter of resident
of..... was in regular practice of the indigenous system of medicine on July 1, 1963 in this
State.Date.....20.....SignaturePlace.....Designation

6.

If on receipt of the application, the Registrar is satisfied that the applicant is eligible for enlistment as a person practising in indigenous system of medicine under the Act and these rules his name shall be entered in "the list of the person in practice belonging to indigenous system" and a certificate as given in Appendix 'C' shall be issued to him.

7.

The fee for substitution, addition or alteration on each occasion of the address and other particulars in the list shall be rupees five only.

8.

(1)A person practising in indigenous of medicine, whose name has been entered in the list and whose certificate has been lost, destroyed or badly mutilated may apply for the issue of a duplicate certificate.(2)Whenever an application for the issue of a duplicate certificate is made on the ground that the certificate has been lost or destroyed, the applicant shall file an affidavit, duly verified before a Magistrate, in support of his application. The application shall contain full details showing the circumstances in which the certificate has been lost or destroyed.(3)Subject to provisions of sub-rule (4), the Registrar may, if he is satisfied that the certificate has been lost, destroyed or badly mutilated, issue a duplicate certificate to the applicant on payment of a fee of rupees five only.(4)The Registrar shall put up all such cases in the next meeting of the Board for information.(5)The Registrar shall keep a bound register to enter all records of such applications giving full details and final decision.Instruction for Filling up the Application Form

1. Age. - A copy of High School Certificate duly attested by a Gazetted Officer in active service should be sent as evidence of age. If the said certificate is not forthcoming or the applicant has not passed the High School Examination, he or she may, furnish any one of the following documents as proof of age :

(a)An attested copy of the Scholar's register of the recognized institution last attended.(b)A copy of the Baptismal or Birth Registration Certificate.(c)An extract from the Service Book of retired Government servant relating to date of birth attested by a Gazetted Officer in active service.(d)A certificate from any Civil Surgeon of the State.

2. The applicant may furnish certificates from two responsible persons, not related to him, to show that he does not suffer from any of the disqualifications mentioned in sub-rule (2) of Rule 4 of these rules and subsection (1) of Section 31 of the U.P. Indian Medicine Act, 1939 (U.P. Act No. X of 1939). Such certificate should not have been obtained more than six months before the date of application:

Appendix 'A'Form of list of persons in practice belonging to the indigenous system of medicine in Uttar Pradesh.

Serial No.	Name	Father's or husband's name	Permanent address	Educational qualification	Description of fee	Age/Date of Birth	Practising address	Date of enlistment	Remarks
1	2	3	4	5	6	7	8	9	10

Appendix 'B'Board of Indian Medicine, Uttar Pradesh, Lucknow

Date of
Issue.....

Serial No.....

Date of
receipt.....

Application for
enlistment under
Section 50 (1) of the
U.P.Indian Medicine
Act, 1939.

Date of
enlistment.....

1.	Name of applicant	...	Sri/Srimati/Kumari.....
2.	Practising address	...	
3.	Name of father/husband	...	

- | | | | |
|-----|--|-----|---|
| 4. | Permanent address | ... | |
| 5. | Educational qualification | ... | |
| 6. | Age/Date of birth | ... | Proof of age.... Encl. No....
M.O. Receipt |
| 7. | Details of fees | ... | No.....dated.....
Encl.No..... |
| 8. | Date of commencement of Practice | ... | |
| 9. | Certificate of practice on July 1,1963 | ... | Sri..... Encl. No..... |
| 10. | Character certificate, if any, from two responsible persons. | 1. | Sri..... Encl. No..... |
| | | 2. | Sri..... Encl. No..... |

_____.Signature of applicantDate.....I do hereby solemnly affirm that the information furnished above is true to the best of my knowledge. Further, I promise to abide by the rules and regulations framed under the U.P. Indian Medicine Act, 1939 (U. P. Act No. X of 1939). I pray, that my name may be entered in the list of persons in practice belonging to the indigenous system under Section 50 (1) of the said Act.I further declare that I was practising in indigenous system of medicine in Uttar Pradesh on July 1, 1963 and that I do not suffer from any of the disqualifications mentioned in the Act and Rules._____.Signature of applicant