

Application fee Rs. 200/-

**THE KERALA STATE HOMOEOPATHIC  
CO-OPERATIVE PHARMACY LTD. No.T-432.  
PATHIRAPPALLY.P.O., ALAPPUZHA, S.INDIA. PIN-688 521.**

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**APPLICATION FOR THE TRAINING PROGRAMME FOR  
HOMOEOPATHIC DOCTORS, 2024-25**

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Name of Candidate (in block letters) :

Father's/Mother's/Husband's Name :

Permanent Address :

Address for Communication :

email id :

Phone no. :

Age and Date of Birth :

Nationality :

Religion and caste :

Educational Qualifications :

(with year of passing, name of  
college and university)

Permanent Medical Council Registration No.:

Areas of Interest :

Passport  
size Photo

conditions overleaf:

**CONDITIONS OF TRAINING PROGRAMME:-**

1. **Application Fee is Rs.200/-.**
2. **Duration of Training is eighteen months.**
3. **Number of seats- Two.**
4. The candidate should submit along with the application form, original receipt of the application fee paid and copies of the certificates to prove their age and educational qualifications including permanent registration certificates and photo id. Those who download the application form should submit with a DD of Rs. 200/- in favour of 'Managing Director, HOMCO', payable at Alappuzha or through online payment mode with transaction details (State Bank of India, Branch:Kaichoondi (code:12873), Surabhi buildings, Avalookunnu.P.O.,Alappuzha, Phone no:0477-2234025, Current A/c no: **34306403911**, IFSC code:**SBIN0012873**) towards the cost of application fee.
5. **Eligibility for admission:** Homoeopathic Doctors who have passed B.H.M.S having permanent valid TC Medical Council Registration and below 35 years of age shall be eligible for admission.
6. **Training:** The training shall be provided for 6 persons at a time. The trainees should attend duty for 8 hrs a day including night shifts.
7. **Mode of selection:** The mode of selection shall be on the basis of qualification and interview.
8. **Course Fee:** The selected candidates shall pay a caution deposit of Rs.5000/-(Rupees Five Thousand only) at the time of admission, which shall be returned without interest at the end of the training less dues if any. A monthly fee of Rs.300/-(Rupees three hundred) shall be fixed for training amounting to Rs.5400/-(Rupees five thousand four hundred) for eighteen months which shall be paid by the candidate in three installments (1800/-x3) at 6 months interval.
9. **Training Certificate:** There shall be two assessment tests at the end of each six months and a final assessment test at the end of the training. A minimum of 80% attendance and a pass in one of the previous assessment tests is compulsory for attending the final assessment test. Those who had successfully completed the training and passed the final assessment test shall be issued a Manufacturing Training Certificate. Those who had failed the final test shall be given only one more chance to appear the test.
10. **Leaves** shall be allowed as per Pharmacy Rules. For female trainees, maternity leave shall be granted for 180 (one hundred and eighty) days and the training period shall be extended accordingly. Those who avail leaves beyond the permissible limit shall continue in training so as to complete the training period of 18 months. But the incumbent is eligible for only 12 month's stipend.
11. **Stipend:-** An amount of Rs. 15000/- will be paid as monthly stipend to those who were completed first six months training successfully and passed the first assessment test. For those who failed the first assessment test, an improvement test will be conducted after 15 days.
12. **Employment in the Pharmacy:** The training shall not be a claim for any employment in the Pharmacy.
13. **The duly filled up application may be sent to the Managing Director so as to reach the office before 5pm on 08-11-2024. Application forms without the original receipt / proof of payment of the application fee will be primarily rejected.**
14. **Declaration:**

I here by declare that the details furnished above are true to best of my knowledge and belief. I also declare that I had agreed all the training conditions stated in the application.

Place :

Date :

Signature of Applicant