

## **Instructions for Renewal of Registration Certificate**

All applicants are hereby informed to adhere to the following instructions while applying for the renewal of their Registration Certificate:

1. The applicant must **send the original Registration Certificate** through **Registered Post** to Haryana State Council for Physiotherapy.
2. A **self-attested photocopy** of the Registration Certificate must also be enclosed with the application.
3. The **Renewal Fee** shall be **₹2000/- (Rupees Two Thousand Only) plus applicable GST (18%) through Demand Draft in favor of Registrar, Haryana State Council for Physiotherapy, Panchkula, Haryana**, the renewed certificate shall be **valid for a period of five (05) years**.
  - The period of validity shall be calculated from the **year of registration**, irrespective of the **month** in which registration was completed.
4. The **application fee is non-refundable**, irrespective of whether the application is **approved or rejected**.
5. A **late fee of ₹100/- (Rupees One Hundred Only) plus applicable GST per month** will be applicable **from January onwards**.
6. If the certificate has **expired for more than 24 months**, it shall stand **automatically cancelled**, and the applicant will be required to **apply a fresh registration**.
7. In case the **Registration Certificate is damaged or laminated**, the **fee for issuance of a duplicate certificate** shall be charged **in addition to the renewal fee**.

# RENEWAL FORM

Please affix the  
latest passport  
size photo

(Name and Address shall be written in **BLOCK LETTERS**)

- 1. Applicant's Full Name: \_\_\_\_\_
- 2. Father's Name: \_\_\_\_\_
- 3. Date of Birth: \_\_\_\_\_
- 4. Address : \_\_\_\_\_
- 5. Mobile No: \_\_\_\_\_
- 6. E- Mail ID: \_\_\_\_\_
- 7. Registration No. issued by HSCP:- \_\_\_\_\_
- 8. Additional Qualification (if Any) \_\_\_\_\_

☐ I hereby declare that I have carefully read the instructions and I certify that the particulars furnished above are true to the best of my knowledge.

Dated: \_\_\_\_\_

Signature of applicant