

FORM 'R'

(See Rule 87 (3))

**FORM OF APPLICATION FOR RE-ENTRY IN THE REGISTER LIST OF NAME REMOVE
UNDER SECTION 23.**

To

The Registrar,
Council of Homoeopathic System of Medicine
Gujarat State

Sir,

I, the undersigned, _____ holding the
qualification of _____ do solemnly declare as follows :-

My name was duly Registered / Enlisted on _____ in the Register / List of
Homoeopathic Practitioners at No. G- _____ and at the date of removal of my name, I
was registered in respect of additional qualifications of _____ the Registrar removed my
name from the Register / list on 1-1-2021. for default in payment of renewal fee. Since the removal of
my name from the Register / List I have been residing at _____

_____ and am practicing Homoeopathic System of Medicine as my principal
occupation at _____

_____ (address of the dispensary)

It is my intension that my name be restored in the register/list to allow me to carry on practice.

A renewal fee of Rs. 550/- + 150/- =700 (Seven hundred only) including (Administration
charges) remaining outstanding from me together with the restoration fee of Rs.50/- (Fifty only) total
Rs.700/- (Seven hundred only) is sent to the Registrar by Online S.B.I. through Council Website
www.gujarathmc.org.

Declared at _____ on _____.

Yours faithfully,

(Signature)