

FORM 'R'

(See Rule 87 (3))

**FORMS 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 1-1-2011. 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 Administration charges fee of Rs.150/- (one hundred fifty only) total Rs.700/- (Seven hundred only) is sent to the Registrar by online S.B.I. through Council website [www.gujarathmc.org](http://www.gujarathmc.org)

Declared at \_\_\_\_\_ on \_\_\_\_\_.

Yours faithfully,

(Signature)