

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 qualification of _____ the Registrar removed my name from the Register / list on 1-1-2009. 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

(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 Rs.105 /- + 45 / - =150 (One hundred fifty only including administrative charges) remaining outstanding from me together with the additional restoration fee Rs.5/- (five only) Total Rs.150/ - (One hundred fifty only) is sent to the Registry by bank D .D. or cash.

Declared at _____ on _____

Yours faithfully,

(Signature)