

THIS FORM TO BE FILLED UP AND SENT TO THE COUNCIL

To,
The Registrar,
Council of Homoeopathic System of Medicine,
Gujarat State,
Council House, Nr. Civil Post Office,
Civil Campus, Asarwa, Ahmedabad – 380016.

Practitioner must paste one
passport size photograph
herewith half signature on
the photograph and half on
the form

Sub.: Information regarding the practice address for Identity Card.

Respected Sir,

I hereby apply for Identity Card, I am submitting all the details prescribed in the Proforma.

Name English _____
(Block letter)
Name Gujarati _____
Birth Date ____ / ____ / ____ , Blood Group _____
Qualification _____ Date _____ Year _____ State _____
Registration No. _____ Date: _____
Address Gujarati: _____
Practice Place English: _____
Address Gujarati _____
Residential English: _____

Herewith enclose 4 passport - size photographs and fees of Rs. 100 + 50 = 150 for Identity Card and its postage charges by M.O./ Cash whichever is stated in this form is true and correct.

Yours faithfully

Date :

Place :

Specimen Signature – It should be in the column.

1. _____ 3. _____
2. _____ 4. _____

Signature should be done in the presence of 1st class Gazetted Officer and the same should be attested in the space below by the Gazetted Officer, with date stamp.

Designation