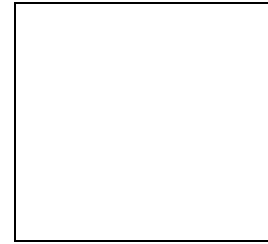


**FORM OF APPLICATION FOR VERIFICATION OF QUALIFICATION &
REGISTRATION**

To

The Registrar,
Council of Homoeopathic System of Medicine,
Gujarat State
Old Nursing College, Opp. Cancer Hospital,
Gate No.6, Civil Campus, Asarva,
AHMEDABAD-16.



Sir,

I intend to apply for registration in your Council herewith I am submitting the copies of mark sheets, degree of _____ University and Registration of _____ State for verification.

1. Full Name _____
2. Residential Address _____

3. Authority which granted Qualification _____
4. Name of the College _____
5. Name of State Board _____
6. Registration No. _____
7. Mobile / Landline No. _____
8. Email Id. _____

Herewith I am paying a sum of Rs.12,000/- towards verification fees I will apply for Registration under subsection (3) of section 17 after completion of verification procedure.

Yours faithfully,

(Signature of the Applicant)

Date- _____

Place- _____