

FORM 'P'

**FORM OF APPLICATION FOR REGISTRATION OF ADDITIONAL QUALIFICATIONS
(See Rule 86 (1) (b))**

To

The Registrar,
Council of Homoeopathic System of Medicine,
Gujarat

Sir,

I request that the additional qualifications of _____
_____ which I have obtained from _____
_____ in _____ may be registered.

M.D.College Name _____

The Diploma / Degree / Certificate of said qualifications are enclosed herewith along with a true attested copy of the same.

I am already registered under the Gujarat Homoeopathic Act, 1963, and my Registration No. is _____ and Name _____.

The prescribed fee of Rs.15/- + 1500/- (Rs. Fifteen hundred fifteen only) is sent by Money order on _____ and postal receipt thereof is enclosed herewith.

Yours faithfully,

(Signature of the application)

Enclosed- (two copy)

1. Mark-sheets.
2. M.D.Degree Certificate.