

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 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/- + 50/--=600 (Six hundred only) including Postage charges) remaining outstanding from me together with the Postage charges fee of Rs.50/- (Fifty only) total Rs.600/- (Six hundred only) is sent to the Registrar by bank D.D. or cash.

Declared at _____ on _____

Yours faithfully,

(Signature)