

To,
The Registrar,
Council of Homoeopathic System of Medicine,
Gujarat State,
"Council House", Nr. M. P. Shah Cancer Hospital,
Gate No. 6, Civil Hospital, Asarwa,
Ahmedabad - 380016.

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

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

Respected Sir,

I here by apply for Identy 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

Yours Faithfully ની નીચે સહી કરવી તથા નમુનાની-૪ સહી કરવી. ઓળખાણ આપનારમાં ગેઝેટેડ ઓફિસર અથવા કોઈપણ ડોક્ટરની સહી તથા સિક્કો કરાવવો અને આધાર કાર્ડની ઝેરોક્ષ આ સાથે મોકલી આપવી.