

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 of the form

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

Respected Sir,

I here by 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