

THIS FORM TO BE FILLED UP AND SENT TO THE COUNCIL

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~~ ^{300/-} 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