

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 _____.
Address _____

The prescribed fee of Rs.15/- + 2500/- (Rs. Two thousand five hundred fifteen only) is sent to the Registrar by online S.B.I. through Council website www.gujarathmc.org and postal receipt thereof is enclosed herewith.

Yours faithfully,

(Signature of the application)

Enclosed- (two copy)

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