

## 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/- + 2150/- (Rs. Two thousand one hundred sixty-five only) is sent to the Registrar by online S.B.I. through Council website [www.gujarathmc.org](http://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.