

FORM 'R'

(See Rule 87 (3))

**FORM OF APPLICATION FOR RE-ENTRY IN THE REGISTER LIST OF NAME  
REMOVE UNDER SECTION 23.**

To  
The Registrar,  
Council of Homoeopathic System of Medicine  
Gujarat State

Sir,

I, the undersigned, \_\_\_\_\_ holding the  
qualification of \_\_\_\_\_ do solemnly declare as follows :-

My name was duly Registered / Enlisted on \_\_\_\_\_ in the Register / List  
of Homoeopathic Practitioners at No. G- \_\_\_\_\_ and at the date of removal of  
my name, I was registered in respect of additional qualifications of \_\_\_\_\_ the  
Registrar removed my name from the Register / list on 1-1-2016. for default in payment of  
renewal fee. Since the removal of my name from the Register / List I have been residing at

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ and am  
practicing Homoeopathic System of Medicine as my principal occupation  
at \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (address of the  
dispensary)

It is my intension that my name be restored in the register/list to allow me to carry on  
practice.

A renewal fee of Rs. 550/- + 50/--=600 (Six hundred only) including Postage  
charges) remaining outstanding from me together with the additional restoration fee of  
Rs.50/- (Fifty only) total Rs.600/- (Six hundred only) is sent to the Registrar by Online S.B.I.  
through Council website [www.gujarathmc.org](http://www.gujarathmc.org)

Declared at \_\_\_\_\_ on \_\_\_\_\_.

Yours faithfully,

(Signature)