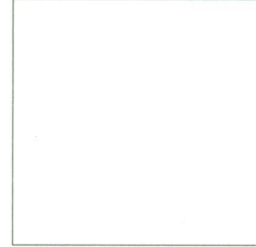


**FORM OF APPLICATION FOR VERIFICATION OF QUALIFICATION &  
REGISTRATION**

To

The Registrar,  
Council of Homoeopathic System of Medicine,  
Gujarat State  
Old Nursing College, Opp. Cancer Hospital,  
Gate No.6, Civil Campus, Asarva,  
AHMEDABAD-16.



Sir,

I intend to apply for registration in your Council herewith I am submitting the copies of mark sheets, degree of \_\_\_\_\_ University and Registration of \_\_\_\_\_ State for verification.

1. Full Name \_\_\_\_\_
2. Residential Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Authority which granted qualification \_\_\_\_\_
4. Name of the College \_\_\_\_\_
5. Name of State Board \_\_\_\_\_
6. Registration No. \_\_\_\_\_
7. Mobile / Landline No. \_\_\_\_\_  
\_\_\_\_\_

Herewith I am paying a sum of Rs.1500/- towards verification fees I will apply for Registration under subsection (3) of section 17 after completion of verification procedure.

Yours faithfully,

(Signature of the Applicant)

Date- \_\_\_\_\_