

BOARD OF AYURVEDIC AND UNANI SYSTEMS OF MEDICINE, PUNJAB
APPLICATION FOR REGISTRATION AS AYURVEDIC/UNANI UPVAID.

To

The Registrar,
Board of Ayurvedic & Unani Systems of Medicine,
Punjab

Sir,

I am to request you to please register my name as Ayurvedic/Unani Upvaid in the Register maintained under the scheme of registration of Ayurvedic/Unani Upvaid in Punjab. Necessary particulars concerning my case are given here below for your information record and necessary action:-

1. Name of the applicant
2. Father's name
3. Date of Birth
(Attach a copy of certificate in support of Date of Birth)
4. Nationality
5. Permanent Residential address along with Phone No.
.....
.....
6. Correspondence address
.....
.....
7. Years of passing Matriculation Examination or equivalent (attach original certificate with an attested/self attested photocopy
8. Years of passing 10+2 Examination or an equivalent to 10+2 examination (attach original certificate with an attested /self attested Photocopy)
9. (a) Name & Address of the recognized Faculty/Board/University in respect of Ayurvedic and Unani Systems of Medicine which awarded the diploma/ certificate
- (b) Name of the Institution where studied
- (c) Name of the State where studied.....
- (d) Period of study in the institutions:
- (e) Name of examination passed:
- (f) Year in which passed:
10. If registered/enlisted with any State Board/Government organization:-
 - (a) Registration/enlistment No..... (Enclosed copy of Certificate)
 - (b) Name of the Board/Government Organization
11. (a) 2500 Rupees (Including Certificate & Identity Card) for making entry in the register have been sent vide draft No..... dated.....
(b) In case the fee paid in cash official receipt No..... dated.....

Signature of applicant.

AFFIDAVIT IN THE FORM OF SELF DECLARATION

I S/W/D/o & Smt. (Mother)..... resident of
Village..... Post Office Tehsil..... Police Station..... District.....
solemnly declared as follows:-

(a) That I have gone through the Registration **regulations** of the Board of Ayurvedic and Unani Systems of Medicine, Punjab for Registration of Ayurvedic/Unani upvaids and I promise to abide by the provisions of the said regulations,

(b) I state on oath that the contents submitted in the application form are true and correct, if information is found wrong, the Board has right to cancel my registration.

(c) That I have not been adjudicated by a competent court to be of unsound mind.

(d) That I am not an undischarged insolvent.

(e) That my name has not been removed from the Register of Ayurvedic/Unani Pharmacist/Upvaids maintained by any of the State Board/Government organization for professional misconduct.

I solemnly declare and affirm that the particulars given in the application form above are correct to the best of my knowledge and belief. I further declare on oath that nothing is false and nothing relevant has been concealed therefrom.

Dated.....

Signature of the applicant.

TO BE FILLED IN BY THE OFFICE

Registration application received on..... Diary No.....

- a) Fee for making entry in the register and/or issuing certificate received on.....
- b) Office receipt No..... dated.....
- c) Cash Book Page No..... personal Ledger No.....

Signature of the Cashier.

Order of the Registrar.....

Registration No.....

Original Certificate Scrutinized and returned on.....

Registration certificate issued vide No..... dated.....

INSTRUCTIONS:

1. All particulars of the application must be filled in by the applicant in neat legible hand.
2. The name and particulars entered in this application must exactly correspond with the name and particulars of the applicant entered at the University or other examination.
3. Registration fee of Rs.2500/- for candidates qualified from Punjab & Chandigarh and Rs.3000/- from other states
4. Registration fee is to be deposited in the office and is non-refundable.
5. Instruction issued by the State Government from time to time shall be applicable for registration.