

APPENDIX D

Contact No.....

(see rule 3-A)

FORM

Name.....

Father's/Husband's name

Permanent Residential Address.....

.....

Professional Address

.....

Registration No.Old.....New.....

Part of Register in which registered

System in which practicing

Marks of identification.....

Date of Birth

Signature of the Applicant

DECLARATION

I solemnly declare that I am a Registered Ayurvedic/Unani Practitioner and my Registration No. is..... I am practicing as an Ayurvedic/Unani Practitioner since.....

Verified that the information given above is correct to the best of my knowledge and belief and nothing has been concealed therein.

Place.....

Date

Signature of the Registered Practitioner.

Certificate of Gazetted Officer/Member of the Board/Member of Parliament/Member of Legislative Assembly.

Certified that I know Shri son /daughter/wife of Shri..... who is a Registered Ayurvedic/Unani Practitioner. He/she is practicing as Ayurvedic/Unani Practitioner at the address given above.

Signature and seal of the attesting Authority.

Note:-

- 1) Delete whichever is not applicable.
- 2) Four Passport size photographs.
- 3) Original Registration Certificate and Identity Card/if issued may be returned to this office.
- 4) Four specimen signature duly attested by Gazetted Officer/ Members of Board.
- 5) Residence proof.