**Application No**

**Simplified Proforma forServices under RTS Act. 343**

**Part -1**

|  |  |  |
| --- | --- | --- |
| 1 | Name of Service | Provisional Registration of Upvaids. |
| 2 | Name of Department/ Service Provider (Pre-filled into the system) | Medical Education and Research – Board of Ayurvedic and Unani Systems of Medicines Punjab |

**Part -2**

|  |  |  |
| --- | --- | --- |
| 1 | Name of Applicant |  |
| 2 | Husband / Father’s / Mother’s Name |  |
| 3 | Permanent Address |  |
| 4 | Correspondence Address |  |
| 5 | Correspondence Phone No. |  |
| 6 | Correspondence e-mail |  |
| 7 | Adhaar Card No. (Attach Copy) |  |

**Part -3  
Information / Documents required specific to the service**

**Information**

|  |  |  |
| --- | --- | --- |
| 1 | Name of beneficiary, if not applicant. (Adhaar card of beneficiary. Attach Copy) |  |
| 2 | Relationship with applicant |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

**Documents Required Submitted Tick (√) / Yes**

|  |  |  |
| --- | --- | --- |
| 1 | Form for registration |  |
| 2 | Two Passport size photographs |  |
| 3 | Address proof (Aadhar Card/ Voter Card/ Driving License or self attested Affidavit) |  |
| 4 | Matric Certificate (DOB Proof) (DMC) |  |
| 5 | Senior Secondary DMC |  |
| 6 | Ist Year Professional DMC |  |
| 7 | 2nd Year Professional DMC/Copy of result |  |
| 8 | Fees |  |
|  | **All Documents submitted should be self Attested** |  |

I, hereby declare that all the information given above is true to best of my knowledge. If any information found wrong then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | Application Receipt No. |  | 4. | Date by which Service to be provided |  |
| 2 | Service asked for |  | 5. | Fees/Facilitation Charges, if any |  |
| 3. | Date of Application |  | 6. | Signature of authorised official |  |