

APPENDIX D
(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 practising _____
Mark of Identification _____
Date of Birth _____

Signature of the Applicant

DECLARATION

I solemnly declare that I am Registered Ayurvedic / Unani Practitioner and my Registration No. is _____.
I am practising 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 Applicant

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

Certified that I know Miss/Mrs./Shri _____
son/daughter/wife of Shri _____ who is
a Registered Ayurvedic/Unani Practitioner. He/She is practising 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 duly attested by Gazetted Officer/Member of the Board/Member of the Parliament /Member of the assembly should be sent with the form.
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.
6) Fee Rs. 960 if change of address then Rs.1060.