

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_____ who is 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.