

FORM-F

(See Rule-9(2) & (3))

APPLICATION FOR THE CONTINUATION OF NAME IN THE STATE REGISTER

Dated.....

To,

The Registrar,
Arunachal Pradesh Homoeopathy Council
Naharlagun,

Sub: - Continuation of name in the register.

Sir,

I request that my name may be continued in the State Register maintained by the Arunachal Pradesh Homoeopathy Council Part.....

2. My Particulars are Submitted as under:

- (ii) Full Name (In block letters beginning with surname) :-
- (iii)
- (iv) Maiden Name, if the applicant is a married women :-
And Surname (In block letters beginning with surname)
- (v) Registration No. :-
- (vi) Date upto which it is renewed :-
- (vii) Qualification possessed at the time of initial registration:-
- (viii) Permanent address for correspondence :-

3.* A registration fee of Rs.1000/-(Rupees one Thousand only is enclosed by way of Bank Draft in the name the " ARUNACHAL PRADESH HOMOEOPATHY COUNCIL, Naharlagun".

Dated :

Yours Faithfully

Signature in Full Name