

## FORM I

To  
THE REGISTRAR  
Maharashtra Council of Indian Medicine  
4th Floor, Arogya Bhavan,  
St. Georges Hospital Compound  
Near GPO, Mumbai 400 001.

### **Subject- Continuance of my name on the Register.**

Sir,

In reply to your individual notice in form 'H' dated.....  
I request that my name be continued on the Register Medical Practitioners. The necessary particulars are given below:-

1. Full Name  
(Beginning with Surname in Block Capitals).
2. Maiden name in full, in case of married woman  
(Beginning with Surname in Block Capitals).
3. Certificate No. and Date of Registration
4. Qualifications possessed at the time of Registration  
Name of University and Year of Passing.
5. Permanent Address

Date:.....

Yours faithfully,

(Signature)

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## INSTRUCTIONS

1. This Form must be returned duly completed so as to reach the Registrar, Maharashtra Council of Indian Medicine, Mumbai for continuance of Registration within forty-five days of the date of receipt of the notice.
2. All details should be correctly filled in.
3. Information in clause 4 need not be filled by the Practitioners registered in Part II or III.
4. Application which do not contain the required particulars are liable to be rejected.