

FORE 'K'

APPLICATION FOR CONTINUANCE OF NAME OF THE REGISTER UNDER SETION 23A

To,
THE REGISTRAR,
MAHARASHTRA COUNCIL OF INDIAN MEDICINE,
144, Mahatma Gandhi Road, Esplanade Mansion,
Fort, Mumbai 400 023.

Subject :- Continuance of my name on the Register.

Sir,

In reply to your further individual notice dated, I request that my name may be continued on the Register of 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. Qualification possesses at the time of Registration
5. Permanent Address

The fees of Two Hundred rupees have been sent.

Yours faithfully,

Date :-

(Signature)

INSTRUCTIONS

1. This form must be returned fully completed so as to reach the Registrar, Maharashtra Council of Indian Medicine, Mumbai, for continuance of registration within thirty 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 practitioner registered in Part II or Part III.
4. Applications which do not contain the required particulars are liable to be rejected.
5. This form must be accompanied by a payment of rupees five.