

FORM "M"

**APPLICATION FOR THE RESTORATION OF NAME
ON THE REGISTER UNDER SECTION 23A (1) (C)**

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

Subject :- Restoration of my name on the register.

Sir,

In reply to your notice in form 'L' dated I request that my name may be restored on the Register of Medical Practitioners under clause(c) of sub-section (1) of section 23A of the Maharashtra Medical Practitioners' Act, 1961.

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. Validity of the Certificate.. ..
5. Qualification possessed at the time of registration
6. Permanent Address.. ..
7. Address of practice/employment.. ..

A fee of fifty rupees together with rupees on account of the arrears due and payable by me a to the Council (being the date of commencement of the Maharashtra Medical Practitioners (Amendment) Act, 1972 and an additional fee of rupees fifteen by way of penalty has been sent.

Yours faithfully,

Dated the :- 200

(Signature)

INSTRUCTIONS

1. This form must be returned duly completed so as to reach the Registrar, Maharashtra Council of Indian Medicine, Mumbai, for restoration of name on the register within sixty days of the receipt of this notice.
2. All details should be correctly filled-in.
3. Information in item 5 in this form 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