

APPLICATION FOR ISSUANCE OF IDENTITY CARD

1. Name _____
2. Father's/Husband/Wife Name : _____
3. Permanent Address : _____

4. Present Practice Address : _____

5. Registration _____
6. Sign. Of Identification _____

Date :

Signature of the Practitioner

CERTIFICATE FROM GAZETTED OFFICER, PRESENT MEMBERS OF THE
COUNCIL/MLA/M.P./SARPANCH

Certified that I know Sh./Smt. _____

Son/Wife/Daughter of _____

He/She is practicing in Homoeopathic System of Medicine at the above mentioned
address.

Name & Designation of
Attested/Issuing Authority
With Stamp & Signature

Note :

1. Send Two recent passport size photograph.
2. One Photograph should be attested by Gazetted Officer present members of the Council/M.P/MLA/Sarpanch.
3. Send Identity Card fee of Rs. 100/- only by money order or deposit in cash on any working day in council's office.