

**APPENDIX D**  
**(See Rule 3-A)**  
**Form**

Name \_\_\_\_\_  
Father's/Husband's Name \_\_\_\_\_  
Permanent Residential Address \_\_\_\_\_  
\_\_\_\_\_  
Professional Address \_\_\_\_\_  
\_\_\_\_\_  
Registration No. Old \_\_\_\_\_ New \_\_\_\_\_  
Part of Register in which registered \_\_\_\_\_  
System in which practising \_\_\_\_\_  
Mark of Identification \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Signature of the Applicant

**DECLARATION**

I solemnly declare that I am Registered Ayurvedic / Unani Practitioner and my Registration No. is \_\_\_\_\_.  
I am practising as an Ayurvedic / Unani Practitioner since \_\_\_\_\_.

Verified that the information given above is correct to the best of my knowledge and belief and nothing has been concealed therein.

Place \_\_\_\_\_

Date \_\_\_\_\_

Signature of the Applicant

Certificate of Gazetted Officer/Member of the Board/Member of Parliament/Member of Legislative Assembly.

Certified that I know Miss/Mrs./Shri \_\_\_\_\_  
son/daughter/wife of Shri \_\_\_\_\_ who is  
a Registered Ayurvedic/Unani Practitioner. He/She is practising as Ayurvedic/Unani Practitioner at the address given  
above.

Signature and seal of the  
Attesting Authority

- Note: 1) Delete whichever is not applicable.  
2) Four passport Size photographs duly attested by Gazetted Officer/Member of the Board/Member of the Parliament /Member of the assembly should be sent with the form.  
3) Original Registration Certificate and identity card/if issued may be returned to this office.  
4) Four specimen signature duly attested by Gazetted officer/Members of Board.  
5) Residence Proof.  
6) Fee Rs. 750 if change of address then Rs.850.