

Education Council of Allopatent Medicine

New Delhi 15,India

Duly Registered Recognised by Section 25-1 of 1956

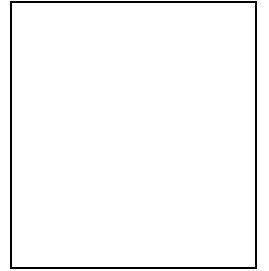
Central Govt. of India New Delhi

Regd by Office -Kirti Nagar,New Delhi,15 India

Branch Office-Balaji Nagar,Nagpur -27(MS)

To

The Registrar,
Council of Allopatent Medicine
New Delhi(India)



Dear Sir ,

Most respectfully I beg to Submit that I want to get my name enrolled in the register of practitioners under the Allopatent Medicine and this connection for information of the Council,I Submit the following facts :-

- i) Candidate Name (In Block Letters)-----
- ii) Father's/Husband' Name-----
- iii) Date of birth (in words &figures)-----
- iv) Address: Birth Place :-----

Permanent:-----

Present :-----

- v) Whether practicing according to any other

System of medicine (State,if any):-----

- vi) (a) Place,Period and method by which

instruction in ALLOPATENT MEDICINE

courses

vii) Durations and place of practice clinic :-

viii Other information :-

I, Solemnly declare that the above facts are correct in my knowledge.

Signature in full

(Applicant)

INSTRUCTIONS

- a) The applicant must fill up in the form in his or her own handwriting .
- b) The applicant must sent Rs.along with application form as fee for enrolment of his or her name in the register of the council.