

FORM G
(See regulation 10)

Appeal for restoration of name in the Register.

To

The Secretary
to the Govt. of India
Ministry of Health and Family Welfare,
New Delhi.

I, the undersigned _____
(full name in block letters beginning with Surname)
holding qualification of _____ do solemnly declare that the following are
(state the qualification)
the facts of my case on which I seek restoration of my name in the Register:

2. My name was duly registered in the State Register of (_____) having
(name of the State)
registration number _____ dated _____.
3. My name was duly registered in the Central Register of Homoeopathy on _____ having
registration No. _____
4. At an enquiry held on the _____ day of _____ by the Board, my name was directed to be
removed from the State Register and the offence for which the Board directed the removal of my name was
_____ (use separate sheet for details if necessary).
5. Since the removal of my name from the Register I have been residing at _____ and my occupation
has been _____.
6. It is my request that my name be restored in the Register of _____ State.

7. The grounds, for the present, of application are

- (i)
- (ii)
- (iii)

8. The prescribed fee of Rs. 75/- (Rs. 25/- for restoration and Rs. 50/- as service charges) has been deposited by Bank Draft No. _____ dated _____ payable to Secretary, Ministry of Health and Family Welfare, New Delhi.

9. I request that orders may be passed for restoration of my name in the State Register of _____ (State)

Signed _____
On _____

Declared at _____

before me _____

Judicial/Executive Magistrate,
Commissioner of Oath

*(Instructions: All facts and the grounds on which the application is made should be clearly and concisely stated. Use separate sheets if necessary).

"A"