

APPLICATION FOR RESTORATION OF NAME IN THE REGISTER
Arunachal Pradesh Medical Council
(See Rule 29 (6))
FORM- 7

Receipt No

Date

(for office use only)

To,
The Registrar,
Arunachal Pradesh Medical Council,
Naharlagun.

Affix
passport
size
photograph
attested

Sub:- **Restoration of name in the Register.**

Sir,

1. I, the undersigned

(full name and address) holding qualification of

do solemnly declare that the following are * 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 registration number

(Name of the State)

dated

3. My name was duly registered in the State Register of Arunachal Pradesh Medical Council

on

having registration number

4. At an enquiry held on the

by the Council/ Board/ Committee of

my name was directed to be removed from

the State Register and the offence(s) for which the Council/ Board/ Committee of

directed removal of my name was/were

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 application are:

(i)

(ii)

(iii)

8. The prescribed fee of Rs.1000/- (Rupees one thousand) deposited by Bank Draft No

dated

in favour of

Arunachal Pradesh Medical Council payable at Naharlagun.

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

(State)

10. I submit three recent passport size photographs.

11. I submit Arunachal Pradesh Medical Council Registration Certificate in original.

Declared at

Before

Signature

(for office use only)

Received the above documents in original

Signature of registered person

Name

Date