

To

The Chairman  
Council of Homoeopathic Medicine Punjab  
Medical Education Bhawan, Sector +69, Mohali  
Phone : 8146400938, 8146470066

Subject: Appeal for Restoration of name in the Register, under section 17 of Punjab Homoeopathic Practitioners Act, 1965.

Sir,

1. I, the undersigned ..... do solemnly

(Full name in Block Letters Beginning with Surname)

declare that the following are the facts of my cases on which I seek restoration of my name in the Register of the Practitioners maintained by the Council.

2. My name was duly register in the State Register of Homoeopathic Regd. Practitioners having Registration No..... dated .....

3. Due to non-deposit of Renewal fee in time during the year ..... my name stands removed from the State Register.

4. Since the removal of my name from the Register, I have been residing at ..... and my occupation has been .....

5. It is requested that my name be restored in the Register maintained by the Council of Homoeopathic System of Medicine Punjab, under section 17 of Punjab Homoeopathic Practitioners Act, 1965.

6. The grounds, for the present of application are: (Use separate sheet for detail if necessary)

(i) .....

(ii) .....

(iii) .....

7. (a) The prescribed Appeal fee of rupees..... has been sent vide bank draft No..... dated ..... drawn on .....

(b) In case fee is paid in cash please give official receipt No. .... dated ..... Rs.....

8. I, again request that orders may be passed for restoration of my name in the State Register of Homoeopathic Regd. Practitioners, maintained by Council of Homoeopathic System of Medicine, Punjab Chandigarh.

Declared at .....  
before me .....

Signed .....  
On .....

Judicial/Executive Magistrate, Notary

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**FOR OFFICE USE ONLY**

Appeal received on ..... Dairy No..... Dated ..... (a)

Appeal fee for Restoration of name in the Register received vide official receipt

No..... dated ..... for Rs..... Cash Book Page ..... Personal Ledger Page No. ....

Signature of Accountant

