

APPLICATION FORM FOR REGISTRATION OF ADDITIONAL DEGREE

To,
The Registrar
Gujarat Board of Ayurvedic &
Systems of Medicine, Ahmedabad

Sub: Registration of additional degree

Sir,

With reference to the above subject you are requested to register my additional degree in my registration no. GB-I-_____, my detail along with copies of documents are enclosed.

1. Registration No. GB-I-_____

2. Full Name

3. Residential Address

City_____ Tal:_____ Dist._____ Pin_____

4. Detail of additional qualification

Name of Additional degree_____

Name of University_____

Name of College_____

Education beginning year_____ Year of ending_____

Passing Month and year_____ Examination seat No._____

I am enclosing herewith

1. Copy of my registration certificate no. GB-I-_____

2. Original degree certificate of MD/MS along with a true copy

I declared that all the information provided by me are true and correct and I will be responsible for the same.

Yours faithfully

Signature

Date:

Place: