

To,
The Registrar, Gujarat Board of Ayurved &
Unani Systems of Medicine, Council House
Opp. Maniben Ayurvedic Hospital
Asarwa, Ahmedabad-16

Sub: Change in name in Registration No. GB(I)_____

Sir,

With reference to the above subject I request to change my name in Registration No.
GB(I)_____.

Old Name

Vaidya Shri/Smt./Ku_____

New Name

Vaidya Shri/Smt./Ku_____

I am submitting herewith the original document in support with my change of name marked as under, kindly change my name in the register kept under the GMP Act 1963.

1. Original marriage registration certificate along with a true copy or
2. Original Gazzet copy of change in name along with a true copy

Draft of Rs.250/- in the name of Registrar, Gujarat Board of Ayurvedic.(payable to Ahmedabad branch) is enclosed herewith

Thanking you

Yours faithfully

Encl: As above

Name and address of the Applicant

Registration No._____