

Receipt No. _____

Date. _____

Fees Rs. _____

Gujarat Board of Ayurvedic & Unani Systems of Medicine, Gujarat State

TR-I

Particulars to be contained offline application for Temporary Registration for Practitioners/ Teachers/Researcher/Govt. Employee/ PG Scholars and others of Indian System of Medicine.

To,
The Registrar,
Gujarat Board of Ayurvedic and
Unani Systems of Medicine, Gujarat State,
1st Floor, Old Nursing College Building,
Nr. Cancer Hospital, Civil Hospital,
Asarwa, Ahmedabad-16

Applicant's
Recent
Passport Size
Photograph
with Cross
Signature

Personal Details :

1. Name: **(First-Middle-Last)** :- _____
(for married women name after marriage)
2. Gender :- _____
3. Date of birth :- _____
4. Father Name: **(First-Middle-Last)** :- _____
5. Mothers Name: **(First-Middle-Last)** :- _____
6. Spouse: **(First-Middle-Last)** :- _____
7. Blood Group :- _____
8. Aadhaar No. :- _____
9. Voters ID :- _____
10. Pan No. **(optional)** :- _____
11. Nationality :- _____

Contact Details :

1. Aadhaar Linked Mobile No. :- _____
2. Alternate Mobile No.1 and 2 :- _____
3. Landline No. 1 and 2 **(optional)** :- _____
4. Email ID :- _____
5. Alternate Email ID :- _____
6. Contact Address Details :- _____

Permanent Address Details

Address :- _____

(P.T.O)

Present Address Details

:- _____

Practicing Address Details (optional)

:- _____

Qualification Details :-

- 1. Qualification (BAMS/BUMS/BSMS/BSRMS) :- _____
- 2. Year of Passing :- _____
- 3. Year of Degree Awarded & copy of the degree **(upload or attach)** :- _____
- 4. Year of Passing of final exam and copy of the final year examination marksheet **(upload or attach)** :- _____
- 5. Name of the State :- _____
- 6. Name of the university :- _____
- 7. Name of the College/Institute :- _____
- 8. Passing year of SSC: Please attach copy of one of the certificate Indicating the date of birth **(Upload or attach)** :- _____
- 9. Name and Passing Year of HSC :- _____
- 10. Name of SSC Board :- _____
- 11. Detail of fee deposit: E banking/cash/or any mode of payment _____ Amount of Rs _____

Registration details:

- 1. Council Registration Number :- _____
- 2. Validity of State Registration :- _____
- 3. National Registration Number :- _____

Purpose for Obtaining Temporary registration _____

Undertaking:

I (Name) _____ solemnly affirm that the information given above is true to my knowledge.

Signature