

FORM- 7

(See Rule 29 (6))

Arunachal Pradesh Medical Council

APPLICATION FOR RESTORATION OF NAME IN THE REGISTER

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 ofdo 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 ofhaving 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 day of by the Council/ Board/ Committee ofmy 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 ofState.

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.....

*** (Instructional) :** All facts and the grounds on which the application is made should be clearly and concisely stated .Use separate sheets if necessary)