

Declaration by the Applicant

- I have read and understood the rules and regulation of the council and satisfied myself.

- I have furnished necessary information/ document(s) correctly. I shall submit any other document(s) that may be required in the future.

- I understand that my registration is liable to be cancelled by the Alternative Medical Council/document(s) submitted herewith is found incorrect or misleading. Further, the council has full authority to take appropriate action which shall be acceptable to me.

- If any information submitted by me is found incorrect, the council has the authority to cancel the Certificate at any time.

Name: -

Father's name:-.....

Mother's name:-.....

Police station:-..... Tahsil:-.....

District:-..... State:-.....

Date_____/_____/_____(DD/MM/YY)

Signature of a Candidate (In Running Writing)