(5)

**FORM – C**

**[SEE REGULATION 5 (4)]**

**Particulars to be contained Online or Offline Application for Registration of a Practitioner of Ayurveda, Unani, Siddha and Sowa-Rigpa System of Medicine in the State Register/ National Register.**

**PART - A**

Paste Passport photo

**Personal Details:**

1. Name:
   (for married women name after marriage)
2. Gender:
3. Date of birth:
4. Fathers Name:
5. Mothers Name:
6. Spouse:
7. Blood Group:
8. Aadhaar No.:
9. Voters ID:
10. PAN No:
11. Nationality:
12. Three Passport size photos

**Contact Details:**

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

**Permanent Address Details:**

1. Address:
2. City:
3. Taluk:
4. Po. :
5. Ps.:
6. District:
7. State:
8. Pin Code:

**Present Address Details:**

1. Address:
2. City:
3. Taluk:
4. Po. :
5. Ps.:
6. District:
7. State:
8. Pin Code:

**Practicing Address Details (optional):**

1. Address:
2. City:
3. Taluk:
4. Po. :
5. Ps.:
6. District:
7. State:
8. Pin Code:

**Qualification Details:**

1. Qualification: (BAMS/BUMS/BSMS/BSRMS)
2. Year of Passing:
3. Year of Degree Awarded: and 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 .....

Undertaking:

I ..... solemnly affirm that the information given above is true to my knowledge .

Signature

(Name)

# ASSAM STATE COUNCIL OF INDIAN MEDICINE
## Office of the Director of AYUSH
## Dispur Law College Road, Dispur, Guwahati-6

# PROVISIONAL REGISTRATION APPLICATION FORM FOR INTERNEE DOCTOR

**FORM-B**
**[See regulation 3 (3)]**
**State Register**

1. Name:
   (for married women name after marriage)
2. Gender:
3. Date of birth.:
4. Fathers Name:
5. Mothers Name:
6. Spouse:
7. Blood Group:
8. Aadhaar No.:
9. Voters ID:
10. PAN No.:
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:**

1. Address:
2. City:
3. Taluk:
4. Po. :
5. Ps.:
6. District:
7. State:
8. Pin Code:

(11)

**Present Address Details:**

9. Address:
10. City:
11. Taluk:
12. Po. :
13. Ps.:
14. District:
15. State:
16. Pin Code:

**Practicing Address Details (optional):**

1. Address:
2. City:
3. Taluk:
4. Po. :
5. Ps.:
6. District:
7. State:
8. Pin Code:

**Qualification Details:**

1. Qualification: (BAMS/BUMS/BSMS/BSRMS)
2. Year of Passing:
3. Year of Degree Awarded: and 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 .....

*Signature of Applicant*