

FORM—'A'

(See sub-rule (1) of Rule 12)

Form of Application for Direct Registration in the Indian Veterinary Practitioners Register under Section 24 of Indian Veterinary Council Act, 1984.

To,

The Registrar,
Meghalaya State Veterinary Council,
Shillong.

Sir,

1. I am to request you that my name and particulars which are shown below may be entered in the Meghalaya Veterinary Practitioners' Register as per the provision of Section 24 of Indian Veterinary Council Act, 1984.

- (1) Full Name (in capital letter)
- (2) Maiden Name (if the applicant is a married woman)
- (3) Nationality
- (4) Full Residential Address
- (5) Full Permanent Address
- (6) Professional Address
- (7) Date of Birth (Christian Era)
- (8) Registrable Qualifications possessed by applicant with date of obtaining and the name of authority awarding the qualifications.
- (9) Name of Institution/College where the applicant underwent training and the duration of training
- (10) Name of the State Veterinary Council, where the applicant is already registered.

2. I am enclosing herewith the following :-

- (a) Proof of date and Birth/Matriculation or secondary Examination certificate or School Leaving Certificate in original.
 - (b) Degree/Diploma Certificate possessed by me (Original alongwith two attested copies thereof).
 - (c) After verifying the original certificate, the same please by return to me.
 - (d) Fee of Rs. 25/- (Rupees twenty five) only through Indian Postal Order/Bank draft.
- No: _____ Date _____
- (e) Service charge of Rs. 100/- (Rupees one hundred) only by Crossed Postal Order/Bank Draft in the name of Meghalaya State Veterinary Council, Shillong.

I certify that the particulars supplied above are true to the best of my knowledge and belief.

Yours faithfully,

Signature of Applicant

Name :

Address :