

## FORM—'F'

[See sub-rule (1) of Rule 15]

Application for the continuation of retention of name in the Meghalaya Veterinary Practitioners' Register.

To,

The Registrar,  
Meghalaya State Veterinary Council.  
SHILLONG.

Subject : Continuation of retention of name in the Meghalaya Practitioners' register.

Sir,

I request that as a registered Veterinary Practitioner my name may be continued in the register maintained by the Meghalaya Veterinary Council.

**My particulars are submitted as under :-**

1. Full Name (in block letters) :
2. Maiden Name in full in case of a married woman (in block letters) :
3. Registration No. :
4. Date upto which it is to be renewed :
5. Qualification(s) possessed at the time of initial registration :
6. Additional Qualification entered, if any :
7. Permanent Address for correspondence :

\*A Restoration Fee of Rs. 15/- (Rupees fifteen) only, is enclosed by way of Crossed Postal Order/ Bank Draft in the name of the Meghalaya Veterinary Council, Shillong alongwith service charges of Rs. \_\_\_\_\_

Yours faithfully,

Signature

Full Name (in block letters) :

Address :

Dated : \_\_\_\_\_

\*Strike off if not applicable.