(Note-To be Submitted on a Rs. 100/- Non Judicial Stamp Paper Duly Notarized) See sub – rule (1) of Rule 12)

Application for restoration of name in the State Veterinary Register

| То | , | Registrar Uttarakhand State Veterinary Council Dehradun |
|-----------------|----------------|---|
| Sul | b: | Appeal for restoration of name in the State Veterinary Register. |
| Sir | , | |
| 1. | hol sol | e undersigned |
| 2. | | y name was duly registered in the State Veterinary Register of |
| 3. | My | name was duly registered in the Uttarakhand Veterinary practitioners' register |
| 4. | At Ve wh | an enquiry held on |
| 5. | neo Sin | (Use separate sheets for details it cessary) ace the removal of my name from the register I have been residing a |
| | bee It i | and my occupation has en |
| | ii. | |
| | ii. | |
| 8. | Dra | e prescribed fee of Rs. 15/- (Rupees fifteen) only has been deposited by crossed postal order/Bank aft No |
| 9. | I re | equest that order may be passed for restoration of my name in the State Veterinary Register of(State) |
| | | red at Signature |
| Place: Date: | | on Name & Address of Applicant |
| Bef | fore | e me on (date) |

^{*(}Instruction: All facts and the grounds on which the appeal is made should be clearly and concisely stated. Use separate sheets if necessary).

Rs. 10/- Non Judicial Stamp Paper

| This is to certify that I Dram presently working with the Department of Animal Husbandry, Uttarakhand and am posted as | | | | | | |
|---|---------------------------|--|--|--|--|--|
| It is further certified that my name is entered at(Reference no./page no.) of the Veterinary Practitioners Register of the Uttarakhand State Veterinary Council, Dehradun, with the registration No. UVC having being allotted to me. The validity of the present registration expired on | | | | | | |
| I further certify that during the period fromto | | | | | | |
| Further I also indemnify the office of the Registrar, Uttarakhand State Veterinary Council, Dehradun in case of any Vetro-legal issues arising during this expiration period of my registration. | | | | | | |
| | Signature | | | | | |
| | Name: | | | | | |
| | Qualification: | | | | | |
| | Registration No. | | | | | |
| | Place of Posting/Practice | | | | | |
| Witness: | | | | | | |
| Signature: | | | | | | |
| Name: | | | | | | |
| Address: | | | | | | |