



# भारतीय चिकित्सा परिषद, उत्तराखण्ड

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## Application Form for ID Card

(Fill all details in capital letters as per Registration Certificate. Attach photocopy of Registration Certificate)

Registered As - BAMS  BUMS  Ayurvedic Pharmacist   
Unani Pharmacist  Ayurvedic Paricharika  Panchkarma Sahayak

Registration No. - .....

Registration Date - .....

Name - .....

Father/Husband's Name- .....

Date of Birth - .....

Mobile No. - .....

Adhar No. - .....

Identity Mark - .....

Home Address - .....

Practice/ Correspondence Address- .....

Registration Valid Up to (For BAMS/BUMS) - .....

Fee Demand Draft Details- DD Amount ..... DD No. .... Date .....

Bank .....

Passport Size Photo -

Date of Submission-

Signature of Applicant