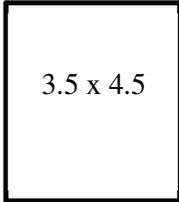


Rs. 4000/-

Form. No.

R/ No. ....

Dated .....



**PASCHIM BANGA AYURVED PARISHAD**  
**PURTA BHAVAN, ROOM NO – 304, 3<sup>RD</sup> FLOOR**  
**BLOCK – DF, SEC – I. SALT LAKE - 700091**  
**PHONE: 2321-4067**

**ADDITIONAL QUALIFICATION FORM - (M.D)**

To  
The Registrar,  
Paschim Banga Ayurved Parishad  
Purta Bhavan, Room No – 304, 3<sup>rd</sup> Floor  
Block – DF, Sec – I, Salt Lake – 700091

I ..... Son /Daughter/ Wife of .....

Practicing at ..... Solemnly declare that I am the person whose name was registered under Registration No..... under the Paschim Banga Ayurved Parishad. I beg to apply for entry of my Additional Qualification :

1. .... awarded by .....  
( Qualification, Year etc.) (University Name)
2. ....awarded by .....  
(Qualification, Year etc.) (University Name)

( Original certificate along with an attested copy enclosed )against my name. A fee of Rs. 4000/- for such entry has been deposited herewith. The aforesaid qualification may, therefore, be kindly entered in the Register of Registered Ayurvedic practitioners at an early date.

Dated .....

Registered Address:

Yours faithfully,

.....  
.....  
.....

.....

Registration No.....

Date .....

Mobile No : .....

Registrar  
Paschim Banga Ayurved Parishad

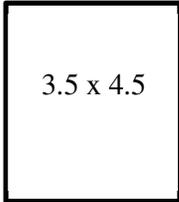
E - mail •

Rs. 5000/-

Form. No.

R/ No. ....

Dated .....



**PASCHIM BANGA AYURVED PARISHAD**  
**PURTA BHAVAN, ROOM NO – 304, 3<sup>RD</sup> FLOOR**  
**BLOCK – DF, SEC – I. SALT LAKE - 700091**  
**PHONE: 2321-4067**

**ADDITIONAL QUALIFICATION FORM - (Ph.D)**

To  
The Registrar,  
Paschim Banga Ayurved Parishad  
Purta Bhavan, Room No – 304, 3<sup>rd</sup> Floor  
Block – DF, Sec – I, Salt Lake – 700091

I ..... Son /Daughter/ Wife of .....

Practicing at ..... Solemnly declare that I am the person whose name was registered under Registration No..... under the Paschim Banga Ayurved Parishad. I beg to apply for entry of my Additional Qualification :

1. .... awarded by .....  
( Qualification, Year etc.) (University Name)
2. ....awarded by .....  
(Qualification, Year etc.) (University Name)

( Original certificate along with an attested copy enclosed )against my name. A fee of Rs. 5000/- for such entry has been deposited herewith. The aforesaid qualification may, therefore, be kindly entered in the Register of Registered Ayurvedic practitioners at an early date.

Dated .....

Registered Address:

Yours faithfully,

.....  
.....  
.....

.....  
Registration No.....

Date .....

Registrar  
Paschim Banga Ayurved Parishad

Mobile No : .....

E – mail :