

ANNEXURE-I

DECLARATION BY THE CANDIDATE FOR SELF-PRACTICE Only

I,..... S/o or D/o....., hereby

declare that I am/was a private practitioner as registered medical professional, self-practicing/self-practiced adhering to all the current rules and regulations of medical practice in India at (address with PIN Code)

from (DD/MM/YYYY)_____to (DD/MM/YYYY)_____.

Place:

Name:

Date:

Signature:

Seal of the Clinic/Nursing Home/Hospital preferably with registration/license number.

Seal of the applicant with registration Number