

COUNCIL OF HOMOEOPATHIC SYSTEM OF MEDICINE GUJARAT STATE

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RECEIPT NO :	91147	RECEIPT DATE :	13-12-2025
RECEIVED FORM :	Dr. PABITRA BANKIM BHANDARI [G-32092]		
BEING THE AMOUNT FOR			
REGISTRATION FEE :		VERIFICATION FEE :	
RENEWAL FEE :	500	ADMINISTRATION FEE :	500
DIPLOMA CERTI. FEE :		INFORMATION FEE :	
PROVISIONAL CERTI. FEE :		POSTAGE FEE :	
PROVISIONAL CERTI. FEE :		POSTAGE FEE :	
SALES BOOK/CD RS. :		MARKSHEET FEE :	
CERTIFICATE CHARGE :		IDENTITY CARD FEE :	
DUPLICATE REGISTRATION/RENEW :		ADDITIONAL QUALIFICATION :	
S.B.I.F.D ACCOUNT FEE :		S.B.I.F.D INTEREST FEE :	
GOVERNMENT GRANT :		MISCELLANCES :	
ELECTION DEPOSITE :			
		TOTLE FEE :	1000
IN WORDS :	RUPEES ONE THOUSAND ONLY.		
NARRATION :			
PAYMENT MODE : ONLINE		TRANSACTION ID : CKT5Y2F15A15YK	
CHEQUE/DD NUMBER :			
CHEQUE/DD DATE :	2025-12-13		
CHEQUE/DD AMOUNT :	1000		FOR, REGISTRAR
THIS IS COMPUTER GENERATED RECEIPT			