SCHEDULE IX

Notice from a physician wishing to resume the exercise of the profession after having given up practise during a certain period.

Date.....

To the Registrar,

Coll. of Phys. and Surgeons.

Sir : —

I have the honor to inform you that beginning with this day, I will resume practice as physician and surgeon and that my address is.....

Respectfully yours.

Signature—.....