

To,

The Registrar
M.P. State Dental Council
Indore

Subject: Application for restoration of registration bearing No. A-.....

Sir,

It is brought to your kind notice that I am registered in M.P. State Dental Council as a Dentist and you have allotted me Registration No. A-..... I have renewed my Registration upto the year Vide receipt No. dated.....

Due to my personal problems I could not renew my registration further.

You are therefore requested to kindly restore my name in the Regsiter.

The following documents are sent herewith as desired by you for the restoration.

Thanking you

Encl: (1) Demand Draft for Rs. in favor of "M.P. State Dental Council"

Payable at Indore.

(2) Photocopy of last renewal receipt.

(3) Photo ID & Address proof.

Yours faithfully

Date:

(Dr.)

Name.....

Address:

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Mob:

E-Mail: