

To,

The Registrar
M.P State Dental Council
Indore

Subject: Application for issue of No Objection Certificate.

Sir,

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

I have been shifted from to and I am practicing my dentistry at my new place and therefore, I want to register my name in Council.

You are, therefore, requested to kindly issue me NOC at the earliest and send one copy to the new Council.

I am enclosing herewith my Registration Certificate and photocopy of latest renewal receipt and Demand Draft for Rs 500/- in favor of "M.P State Dental Council" payable at Indore for your information. Self addressed envelope duly 40/- Rs. Stamps fixed is also enclosed herewith for dispatch of NOC.

Thanks.

Encl: As stated above.

Yours faithfully

Place:

Date:

(Dr.....)

Address:

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Mob:

Email: