

To,

The Registrar
M.P. State Dental Council
Indore

Subject: Application for issue of Duplicate Registration Certificate.

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 already renewed my Registration for the year vide receipt No. dated

My original registration certificate has been lost in the month of and therefore I have lodged my complaint in Police Station on Photocopy of the same is submitted herewith for your perusal.

You are therefore requested to kindly issue me duplicate registration certificate at the earliest.

Following documents are sent herewith as desired by you for issue of duplicate registration certificate.

Thanking you.

Encl: (1) Photocopy of complaint lodged in police station.

(2) Affidavit on Rs. 10/- stamp paper duly notarized in the Prescribed format attached.

(3) Demand Draft for Rs. 1000/- in favour of "M.P. State Dental Council", payable at Indore.

(4) Self addressed envelop duly 40/- Rs. Stamps fixed.

Yours faithfully

(Dr.)

Name.....

Address:

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Mob:

E-Mail: