

To,

The Registrar
M.P. State Dental Council
Indore

Subject: Application for Change of Surname.

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 current year vide receipt No. dated

I have been married with on dated and therefore I want to change my Surname as

You are therefore requested to kindly change my Surname in your record and in my registration certificate.

I am submitting following documents as desired by you for change of Surname.

Thanks.

Encl: (1) Demand Draft for Rs. 500/- in favour of "M.P. State Dental Council" payable at Indore.

- (2) Photocopy of marriage certificate or Notarised document duly attested by Gazetted officer.
- (3) Original Registration Certificate.
- (4) Self Addressed Envelop duly 40/- Rs. stamps fixed.

Yours faithfully

Date:

(Signature.....)

Name: of Dentist.....

Address:

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Mob:

E-Mail: