

To,

The Registrar  
M.P. State Dental Council  
Indore

Subject: Application for Change of Address.

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 .....

I have been shifted from ..... to ..... in the month of ..... and I am practicing my dentistry at my new place at .....

You are therefore requested to kindly change my address as under in your record.

In support of this I am enclosing herewith photocopy of documentary evidence.

Thanking you

Date:

Yours faithfully

Place:

(Dr.....)

New Address:

Old Address:

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.....

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.....

Mob:

E-Mail: