

To,

The Registrar
M.P. State Dental Council
Indore

Subject: Application for renewal 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 want to renew my Registration for the year

You are therefore requested to kindly renew my registration for the year

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

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: