

Affidavit for late renewal

Rs 10 Stamp Paper

I _____ D/o _____ R/o _____ bearing
HP State Dental Council Registration No. _____ do hereby solemnly affirm and declare as
under:-

1. That I wish to renew my registration w.e.f. to
2. That I have not been involved in any unethical dental practice from the year
..... to
3. That no disciplinary action or police enquiry is pending against me for the same.

Deponent

VERIFICATION:-

I, the above named deponent do hereby verify that the contents of my above affidavit
from para 1 to 5 are true and correct to the best of my knowledge and belief and no part of it is
false and nothing material has been concealed therefrom.

Verified at _____ on this _____.

Deponent