

To

The Registrar,
Himachal Pradesh Dental Council,
O/o Directorate of Dental Health Services,
Swasthya Sadan, Block-6,SDA Complex, Kusumptoni,
Shimla, HP-171009, INDIA.

Subject; **Application for Additional Qualification.**

Sir,

I bearing registration No under HP State Dental Council, has completed my M.D.S. in..... from under I request you to enter my additional qualification in my registration certificate. I am ready to pay the fees for the additional Qualification. I request you to kindly do the needful.

Thanking You

Yours faithfully,

Signature.....

Name.....

Address.....

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Contact Number.....