

To

The Registrar,  
Himachal Pradesh Dental Council,  
O/o Directorate of Dental Health Services,  
Swasthya Sadan, Block-6, SDA Complex, Kusumpti,  
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.....