

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 change of address.**

Sir,

I ..... bearing registration No ..... under  
HP State Dental Council want to change my address in my registration certificate. The  
photocopy of proof of address is enclosed here within. I am ready to pay the fee for the  
change of address. I request you to kindly do the needful.

Thanking You

Yours faithfully,

Signature.....

Name.....

Address.....

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Contact Number.....