

FORM-IX
(Vide sub rule (5) of Rule 7)

AFFIDAVIT

(Stamp Paper of Rs 5/-)

I, son/daughter of Sh.
aged Years..... resident of do hereby solemnly affirms
that I am registered as Dentist, Dental Hygienist/Dental Mechanic.

The registration certificate bearing Registration No issued by
Himachal Pradesh Dental Council, has been lost or destroyed.

The above stated facts are true and to the best of my knowledge and I
shall be responsible for any consequences if proved otherwise.

Place

DEPONENT