

FORM-IX

(Vide sub rule (5) of Rule 7

To

The Registrar
Himachal Pradesh State Dental Council
O/o Directorate of Dental Health Services
Swasthya Sadan, Block-6, SDA Complex,
Kusumpti, Shimla-9.

Dated: Shimla-9, the
Subject; Issue of Duplicate Certificate

Sir,

I,..... registered as Dentist/
Dental Hygienist/ Dental Mechanic hereby inform your good self that certificate of Registration
(Certificate of Renewal) bearing Registration No. has been lost/destroyed. The
affidavit regarding destruction of Registration Certificate is enclosed along with.

The receipt of requisite fee is enclosed along with.

It is requested that the duplicate certificate may be issued to me.

Yours faithfully

Signature

Name

Present Address.....

.....
.....

Professional Address.....

.....
.....

Encl; Affidavit & Receipt