

**FORM-XIII**

**(Vide rule 7 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 "No Objection Certificate"

Sir,

I ..... hereby apply for transfer of my name from the Register of Dentist/ Dental mechanic/ Dental Hygienist from the State of Himachal Pradesh. My Registration No. is ..... I have cleared my renewal fee up to ..... and no dues are pending against me. I am now practicing/ shifted at/to..... The proof of my new address (attested copy of Electricity bill/Telephone bill/Ration card/Photo Identity card/Passport) is enclosed along with.

It is further stated that no disciplinary proceeding is pending against me. The requisite fee amounting to Rs 500/- has been deposited vide receipt No ..... dated.....

It is therefore, requested that no objection certificate regarding migration/Registration of my name in the register of Dentist / Dental mechanic/ Dental Hygienist in the state of ....., may please be issued to me.

Encl: As above

Yours faithfully

Signature

Name

Present Address.....

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Professional Address.....

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