

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,
Kusumti, 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.....

.....

.....

Professional Address.....

.....

.....