

FORM – 'E'

(See Rule 66)

(Application for Registration of Additional Qualification)

To,

The Registrar,
Gujarat State Dental Council,
"COUNCIL HOUSE",
Near Civil Post Office,
Civil Hospital Campus,
A H M E D A B A D – 380016.

Sir,

I beg to apply for the Registration of Additional Qualifications

Of _____ which I have obtained from
_____ in _____. The Diplomas or Certificates of the
Qualifications are enclosed herewith. These may be returned as soon as done with.

I am already registered under the Dentists Act, 1948 and my
Registration Number is _____.

The prescribed fee of Rs. 500/- (Rupees Five Hundred Only) is sent herewith.

Name: _____

Address: _____

Last Date for Renewal: _____

Yours faithfully,

Date:

(Signature of the Applicant)