

FORM IV

(See rule 55)

Application for Registration of additional qualification

To

The Registrar,
Sikkim State Dental Council,
Gangtok.

Sir

I beg to apply for the registration of the additional qualifications ofwhich I have obtained from*.....in.....(year). 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 No.....

The prescribed fee of Rupees five hundred is sent herewith by a crossed postal order payable to you at Gangtok, General Post Office.

Yours faithfully,

.....

(Signature of Applicant)

Address.....

Date.....

*Name of the authority awarding the Diploma/Degree.