

APPLICATION FOR DUPLICATE REGISTRATION CERTIFICATE
(Vide : Section 44 of the Dentists Act, 1948& government Rule 13(1))

To
The Registrar
West Bengal Dental Council
Purta Bhavan, 3rd Floor, Room No.303,
DF-Block, Salt Lake, Sector-I,
Kolkata-700091.

I beg to apply for a duplicate registration certificate, and hereby declare:-

That I lost my certificate of registration as a Dental practitioner under the following circumstances:-

That after diligent search. I have not been able to recover the lost certificate.

That I am the same person who obtained the original certificate under No.

That I shall return the duplicate certificate for which I have applied, to the Registrar, West Bengal Dental Council. If I get back the original later.

The prescribed fee of Rs.1,000/- is sent herewith.

Signature.

(to be made in the presence of a registered Dental practitioner)

Dated.

The Address.

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I (registered Dental practitioner in whose presence the above statement is made) hereby certify that the above statement has been made and signed in my presence, and to the best of my knowledge and belief the signatory is the same Dr..... who obtained the original registration under No.(as a Dental practitioner).

Signature.

Dated:

Registration No.....

The.....20....

Address.

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