

To
THE REGISTRAR
WEST BENGAL DENTAL COUNCIL
Purta Bhavan, 3rd Floor, Room No.303,
DF-Block, Salt Lake, Sector-I,
Kolkata -700091.

Sub : Renewal of Registration Certificate No._____

Sir,

Inviting a reference to the above subject I am depositing Rs. _____/-
(Rupees _____ only) as
Renewal Fees for the year _____ as well as Restoration Fees for the
year _____.

I am also enclosing herewith my Original Registration Certificate for your necessary endorsement.

Yours Faithfully,

(Signature of the Applicant)

1. Permanent Residential Address and e-mail :

2. Communication/Professional address and e-mail:

Dated the _____ 20___,

Kolkata