

## **APPLICATION FORM FOR RENEWAL OF REGISTRATION**

Date:     /     /

To,  
The Registrar,  
Rajasthan State Dental Council,  
Jaipur

Sub: Application for renewal of Registration no. ....

Sir,

With due respect, I ..... registered with  
Rajasthan State Dental Council vide registration number is ..... Expired on  
.....

Now I am submitting my renewal fees D.D. No.-..... Dated .....  
amount of Rs ..... to renewal my registration for ..... years.

Kindly renew my registration

Thanking you

Your's Truly

Email         :

Name .....

Mobile No. :

Reg. No. ....

(Signature)