

**Affidavit for Restoration of Registration (Defaulter)**  
**10 Rs. Stamp paper**

I, Dr. ....S/D/o Sh. ....

Registration No.- ..... do hereby Solemnly affirm declare and undertake as under:-

1. That I could not get my registration renewed with the Delhi Dental Council due to  
.....  
.....
2. That I have not violated any law or provisions under the Dentists Act, 1948, Dental Council (Delhi State) Rules, 1951 and Revised Dentist Code of Ethics Regulations, 2014 debarring me from re-registration with Delhi Dental Council.
3. That I further state that the information furnished herein is true and correct to the best of my knowledge and belief and nothing material been concealed herein.
4. That in future, I will get my registration renewed in time as per the provisions contained in the Dentists Act, 1948 and Dental Council (Delhi State) Rules, 1951.

Deponent

Verification

Verified on ..... (Date) ..... (month)..... (year) that the contents of the verification are true & correct.

Deponent