



# DELHI DENTAL COUNCIL

6th FLOOR, C-WING, VIKAS BHAWAN - II, CIVIL LINES, DELHI-110054  
E-mail : registrardelhidentalcouncil@gmail.com

**Form 'D'**  
**(See Rule 59)**

## APPLICATION FOR REGISTRATION OF ADDITIONAL QUALIFICATION

To,

The Registrar,  
Delhi Dental Council,  
New Delhi

Sir,

I am applying for registration of additional qualification of .....

.....which I have obtained from.....

.....from.....in.....

A copy of the acquired higher qualification i.e provisional Certificate is enclosed herewith. The same may be returned as soon as done with.

I am already registered with the Delhi Dental Council under the Dentists Act, 1948 and my Registration No. is .....

I am prepared to pay the prescribed fee of Rs. 1000/- for the purpose

Dated.....

Your's faithfully,

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