

FORM IV

(See rule 55)

Application for Registration of additional qualification

To
The Registrar,
Sikkim State Dental Council,
Gangtok

Sir,

I beg to apply for the registration of the additional qualifications of
which I have obtained from*in..... (Year).
The diplomas or certificates of the qualifications are enclosed herewith. These may be returned
as soon as done with. I am already registered under the Dentists Act, 1948 and my registration
No.....

The prescribed fee of Rupees One Thousand Only (Rs.1000/-) is sent herewith by
DD from SBI Bank.

Address.....

Date.....

*Name of the authority awarding the Diploma/Degree.

Yours faithfully,

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(Signature of Application)