

From,
Candidate Name
Residential Address
Pincode
District
Mobile Number

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To,
The Registrar
Tami Nadu Dental Council
Chennai – 600 107.

Respected Sir / Madam,

Sub: Request Letter for Expired No Objection Certificate – Reg.

I **Name age,** who is a Dentist finished **BACHELOR OF DENTAL SURGERY** course passed out from **Mention here College Name** affiliated to **Mention here University Name** during the Academic Year (from yyyy – to yyyy).

I am **Name** registered with TAMIL NADU DENTAL COUNCIL, Chennai and having TNDC Registration No. _____ in the Registration date _____.

I hereby state that the old No Objection Certificate issued by the Tamil Nadu Dental Council was expired on **Mention here Expiry Date** due to **Mention here Expiry Reason.** Hence I request you to issue me a new No Objection Certificate for **Mention here State Dental Council Name.**

I hereby enclose the required proofs and fees to Tamil Nadu Dental Council for issue of new No Objection Certificate.

Thanking You

Place :

Yours sincerely

Date :

Candidate Signature
(Candidate Name)