

From  
Candidate Name  
Residential Address  
Pin code  
District  
Mob No

To  
The Registrar  
Tamil Nadu Dental Council  
Chennai – 600 107.

Respected Sir/Madam,

Sub: Authorization letter to collect my **DUPLICATE REGISTRATION** original certificate - Reg.

I, **Candidate Name** (TNDC Regn. No. \_\_\_\_\_) hereby authorize Mr/Ms/Mrs **Name** his/her Aadhaar No. \_\_\_\_\_ (to submit aadhaar colour xerox copy) to collect the following documents in my absence as I am unable to come in person due to **Mention here Reason** unforeseen circumstances. The list of the documents attached for the issuance of above said original certificate are detailed below :-

1. **Colour Printout - Duplicate Registration** Application form.
2. **Original – FIR**
3. **Original – Affidavit**
4. **Original – Handwritten Letter.**
5. **Copy of** Tamil Nadu Dental Council Registration Certificate
6. **Recently Taken Indian Passport size photos.**
7. **Aadhar Colour Xerox** of Candidate.
8. **Aadhar Colour Xerox** of authorize person.

I have no objection in Mr/Ms/Mrs \_\_\_\_\_ signing the required authorized letter in my absence and his/her can collect the original **DUPLICATE REGISTRATION CERTIFICATE** from the Tamil Nadu Dental Council office.

Thanking you

Place :

Yours Sincerely,

Date :

**Specimen signature of (authorize person Name)**

(Candidate Signature)  
(Candidate Name)

Name :

Signature :

**Candidate Attested above Signature**

Name :

Signature :