

Self-Declaration

I _____ S/OD/O _____

R/O _____

do hereby solemnly affirm and declare as under:-

1. I have passed my B.D.S. Course from _____

_____ (name of Dental College) and was awarded BDS Degree by _____

_____ (name of Univ.), in the year _____, which is recognized and that I have completed my Compulsory Paid Rotatory Internship from _____ to _____.

2. I undertake that in case any of my B.D.S. Course Certificates are found incorrect / false, I will be responsible for that and will surrender my Original Registration Certificate to the **Punjab Dental Council** immediately and will not practise Dentistry. In that event my Registration be deemed as cancelled.

3. I further certify that I am not yet registered with any other State Dental Council in India, so far.

4. I certify that I was not involved in any court case or any legal proceedings are pending against me professionally or otherwise.

Signature

Dated: _____