

APPLICATION FOR REGISTRATION WITH M.D.S. QUALIFICATION AS DENTIST**(Under the Dentists Act 1948)**

PUNJAB DENTAL COUNCIL, S.A.S.NAGAR
 Medical Education Bhawan (3rd Floor), Sector-69, S.A.S.Nagar-160062
 Website: www.punjabdentalcouncil.com
 Email: punjabdentalcouncil@gmail.com
 Telephone No.0172-5197531
(To be filled in by the candidate)

Recent
P.P.Size
Photograph

To

The Registrar, Punjab Dental Council.

Sir,

I request you to enter my name as Dentist with M.D.S.qualification as stated below :-

Old B.D.S. Regn. No. _____	Serial No. _____ (To be issued by the Council)
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Name in full :
(In Block Letters only) _____

Date of Birth: _____ Birth Place: _____ Nationality: _____

Mobile No.: _____ E-mail Address : _____

Father's Name: _____

Mother's Name : _____

Residential Address: _____

Professional Address: _____

PAN No.: _____ Employment if any: _____

Domicile Status (India/Foreign): _____

P.G./M.D.S. QUALIFICATIONSP.G. Degree Awarding Authority / University _____
(only from recognized Dental College)

Name of the P.G. College _____

P. G. Specialty _____

P.G. Degree Passing Date: _____

P.G.Degree Regn. Date: _____

Dated: _____

Signature of the Candidate

Name in full.....

ਕੇਵਲ ਦਫਤਰੀ ਵਰਤੋ ਲਈ (For Office Use Only)

ਡਾਇਰੀ ਨੰ _____ ਮਿਤੀ _____ ਰਸੀਦ ਨੰ _____ ਮਿਤੀ _____

➤ ਸਾਰੇ ਕਾਗਜ਼ ਮੁਕੰਮਲ ਅਤੇ ਦਰੁਸਤ ਹਨ। ਪ੍ਰਵਾਨ ਹੋਵੇ ਤਾਂ ਐਮ.ਡੀ.ਐਸ./M.D.S. ਦੀ ਰਜਿਸਟਰੇਸ਼ਨ ਕਰ ਦਿੱਤੀ ਜਾਵੇ ਜੀ।

ਰਜਿਸਟਰਾਰ

ਸੁਪਰਡੈਂਟ

Requirements: -

1. The Candidate will come personally for his/her registration.
2. A Dentist applying for his M.D.S. registration will bring proof of recognition of his M.D.S. (specialty) qualification by the Dental Council of India, from concerned Dental College or University.
3. Original M.D.S. Degree / Provisional M.D.S. Degree (**Issued by the University**), along with self attested photocopy of M.D.S. degree.
4. 2 Passport size photos and a self attested photocopy of B.D.S. Registration Certificate.
5. Fee of ₹3000 as Registration and ₹100 as Maintenance Fund by cash or Bank Draft favoring "Registrar Punjab Dental Council" payable at Chandigarh.
6. M.D.S./P.G. registration will only be issued after up-dating the renewal of registration of a Dentist.
7. Timing for payment of fee 9:00 A.M. to 01:00 P.M. and 2:00 P.M. to 3:00 P.M. on any working day.
8. M.D.S. Registration Certificate will be issued after 7 working days.

Self Declaration

I _____ S/O,D/O _____
R/O _____
_____, do hereby solemnly affirm and declare as under:-

- i That I have passed my M.D.S. Course from _____

(Name of Dental College) and was awarded M.D.S. Degree by _____
_____. (Name of University)
in the specialty of _____
which is recognized by the Dental Council of India and that I have completed my M.D.S. on _____
- ii I undertake that in case any of my M.D.S. course Certificate is 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.
- iii I further certify that I am not as yet registered with any other State Dental Council in India.
- iv I certify that I was not involved in any court case or any legal proceedings are pending against me professionally or otherwise.

Signature of Declarant

Dated: _____