FORM OF APPLICATION FOR REGISTRATION AS DENTIST
(Under the Dentist Act 1948)
www.punjabdentalcouncil.com
www.punjabdentalcouncil.gov.in
Email: punjabdentalcouncil@gmail.com
(To be filled in by the candidate)

TO
THE REGISTRAR,
PUNJAB DENTAL COUNCIL,
(S.C.O.75 [2nd Floor], SECTOR-40/C),
CHANDIGARH. (Tel.0172-2693999).

Sir,
I beg to apply for registration as Dentist under section 34 (i), ii (a) and ii (b) of the Dentist Act 1948. I request to enter my name, address and qualifications as stated below in Part A, of the State Register of Dentists

Name in full
__________________________
(Father's Name)
__________________________
(Nationality)
__________________________
(Place of Birth)
__________________________
(Date of birth)

Residential Address
____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________

E-mail: __________________________ Mobile No. ______________

Professional Address
__________________________

Employment if any
__________________________

Whether subject of foreign Government________ Whether citizen of India________

QUALIFICATIONS
Description of qualifications on which registration is desired B.D.S./M.D.S.
[Only from recognized Dental College]
Name of the University or Faculty or Examining or Licensing body with full address
____________________________________________________
____________________________________________________
____________________________________________________

Institution through which appeared
____________________________________________________
____________________________________________________
____________________________________________________

Date of attaining the qualification
[Date of Completion of Internship Training]
I forward herewith in original the Provisional Degree/Degree / Diploma & all other required documents for Registration as Dentist (with attested copies) & 4 P.P. Size Photos. The original may please be returned, when no longer required.

Name in full__________________________ Signature of the candidate
____________________________________________________
____________________________________________________

Regn. No.__________________________ Valid up to________
(To be issued by the Council)

(For Office Use Only)

(Official Signature)
FORM OF DECLARATION
(To be signed by the Dentist at the time of Applying for Registration under the Indian Dentists Act, 1948)

(i) I solemnly pledge myself to devote my life to the cause of serving humanity in the field of dental care;

(ii) I shall not use my dental knowledge contrary to the law of humanity;

(iii) I shall not permit consideration of religion, nationality, race, caste and creed, party politics or social standing to intervene in any duty towards my patient & the professions;

(iv) I shall look after the dental health of my patients as my first consideration;

(v) I shall honour the secrets, which are confided in me by my patients during the professional services;

(vi) I shall always maintain the honour & noble traditions of the dental profession;

(vii) I shall deem it an honour to cherish a proper pride in my colleagues and shall not disparage them by my actions, deeds or words;

(viii) I shall abide by the various provisions of the Act and desist from using a degree / diploma or an abbreviation indicating or implying a dental qualification, which is not in accordance with the definition of “recognized dental qualification” as defined under Clause (j) of section 2 of the Act;

(ix) I shall not indulge in any activity, which might bring discredit to the dental profession;

Dated the ____________________________
Place ____________________________
Signature ____________________________

Name of Dentist ____________________________ Regn.No. __________

(REQUIREMENTS:

- Original & attested photocopy (duly attested by Gazetted Officer/Notary Public/Member Punjab Dental Council) of following documents:

1. Matric (Showing Date of Birth)

2. Detail Marks Certificate of 1st Prof., 2nd Prof., 3rd Prof & Final Prof of B.D.S.


5. B.D.S. Degree (or Provisional Pass Certificate issued by the concerned University or College.)


7. 4 Passport size photos (one attested).

8. Registration fee : Rs.1200/-

   Renewal fee : Rs.200/- per year

   (Rs.1000/- for 5 years)

   Stationary/Directory : Rs.500/-

   Smart Card : Rs.300/-

Fee can be paid in cash or Bank Draft favoring “Registrar Punjab Dental Council” Payable at Chandigarh.

Original testimonials will be returned after checking/comparison the same day.

Note:
(1) A candidate will have to come personally for his/her registration.

(2) Form & Fee can be deposited in the Office from 9 AM to 1 PM and 2 PM to 3 PM on working days.

(3) Do not Laminate Registration Certificate.

(4) Please display your Registration Certificate at your clinic.
NOTE

1. Application Form will be filled in by the candidate and he/she will come personally for his/her registration.

2. a) If a candidate is applying for his registration, after one year, from the date of his passing the B.D.S. Course he/she will deposit Rs. 1500/- as “late-fee”, for the Ist. year and for subsequent years, he/she will pay late fee @ 2000/-per year, along with an affidavit, duly attested by Notary Public/ Magistrate that he is not yet registered with any other State Dental Council in India so far.

   b) If a candidate is applying for his registration, after one year, from the date of his passing the Dental Mechanics / Dental Hygienists Course, he/she will pay Rs. 500/- as “late-fee”, for the Ist. year and for subsequent years, he/she will pay late fee @ Rs.800/-per year, along with an affidavit, duly attested by Notary Public/ Magistrate, that he is not yet registered with any other State Dental Council in India so far.

3. Candidates passing B.D.S. Course from out-side Punjab State Dental Colleges will pay Rs.1000/- extra, for verification of their Certificates, being out of State Registration, along with a prescribed affidavit duly attested by “Notary Public/ Magistrate”. Specimen is given below:

   [Specimen of Affidavit].

   I______ ____________
   S/O,D/O__________________________
   R/O__________________________________________________________

   do hereby solemnly affirm and declare as under:-

   1. That I have passed my B.D.S. Course from ____________________________
      (Name of Dental College), and awarded Degree by ____________________________
      (Name of University), in the year ____________, which is recognized by the Dental
      Council of India and that I have completed my Compulsory Paid Rotatory
      Internship from _____________ to _____________ period.

   2. I undertake that in case any of my B.D.S. Course Certificates are found
      incorrect/ false, I will surrender my Original Registration Certificate to the Punjab
      Dental Council immediately & 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. Deponent.

   Verification.

   Verified that the contents of my above affidavit are true and correct to the best of
   my knowledge and belief and nothing has been concealed therein.
   Dated ____________ Deponent.

4. The Dentists who have gone abroad without getting their registration, will apply on
   this form and get it attested from the Notary Public / Solicitor of that country
   (below their signatures), along with one P.P. size photo (and all the documents
   mentioned at Page-2 duly attested) and they will pay 200 $ extra as
   “Office Expenses”. In case these candidates get their registration done after one
   year, from the date of passing B.D.S. Course, they will pay 250 $ as
   “Late Fee” for 1st year and for subsequent years, he / she will pay late fee
   @ 300 $ per year. They will also submit an affidavit duly attested by the
   “Notary Public / Solicitor/ Any Attesting Authority of that country as per specimen
   given above at Sr.No.3.

5. Candidates already registered with any other State Dental Council in India, will
   have to produce “No Objection Certificate” from that Council and from Dental
   Council of India, Delhi, for their registration with the Punjab Dental Council.
6. **Validity of N.O.C.**

Regarding registration of Dentists by way of transfer of registration from other state Dental Councils, the candidate will produce “N.O.C.” from that state. Validity of that NOC will be considered for 6 months, from the date of issue of NOC for his/her registration. Similarly validity of NOC issued by this Council will also be six months from the date of issue of the NOC. Fee for issue of N.O.C. is **Rs.1000/-**.

7. **Issue of Duplicate Registration Certificate**

For issue of Duplicate Registration Certificate or Smart-Card, in case it is lost / misplaced, the applicant will **personally** submit an affidavit duly attested by the “Notary Public/Magistrate”, along with 2 P.P. size photos and will deposit a fee of **Rs.1000/- / Rs.500/-** respectively.

8. **Any change in address may please be intimated to this Office, immediately.**

**Time Schedule for issue of various certificates by the Council:**


2. Time for issue of Fresh Registration of B.D.S./M.D.S./Dental Mechanics / Dental Hygienists, who pass out from out of State Dental Colleges and transfer of Regn. on the basis of N.O.C. from other States to this Council. (Because their D.M.C. / Degree is to be got verified from the concerned Dental College / university as per instructions of the Govt) = **2 Weeks**

3. Renewal of registration / issue of N.O.C. = **3 Working Days**