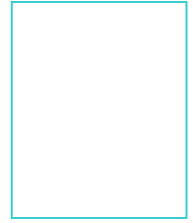


Form -D
(See Rule 64)
Form of Application for Registration of Dentists
(Under Section 34 of the Dentists Act, 1948 (16 of 1948))



To,
The Registrar
Gujarat State Dental Council
Old Nursing College Building
1st Floor, Nr. Cancer Hospital,
New Civil Hospital Campus,
Asarwa, AHMEDABAD-380016

Sir,

I request you to enter my name and address in part 'A'/B' of the Register of Dentists for the State of Gujarat.

A Registration fee of 1200/- (Rupees One Thousand Two Hundred) is sent herewith.

Name in Full with Surname: _____
(in Block letters only)

Father's Name: _____

Place, date and year of Birth: _____

Nationality : (Kindly give information in detail)

Whether Indian Citizen by Birth : _____

Whether subject of a Foreign Govt.: _____

Whether naturelizen Indian Citizen: _____

Residential Address: _____
(Telephone & Mobile. No.)

Local Address: _____

Professional Address: _____

Number of years of practice: _____

The Exact date of commencement of practice: _____

Employment if any:

Whether already registered in the Register of Dentists in any other State:

(a) If so, the Registration Number and Date: _____

(b) (i) Whether such Registration is still in force: _____

(ii) If not, the reason therefore: _____

Qualification.

(a) Description of qualification
of which registration is desired: _____

(b) Name of authority which conferred
the qualification with full address: _____

(c) Date of attending the qualification and
the institution through which appeared : _____

I have forwarded herewith in Original Degree/Diplomas I Possess.
The same may please be returned when no Longer required.

Yours faithfully.

Station:

Signature.....

Date:

Full Name:

Instructions

1. All Particulars given above must be filled in by the applicant himself.
2. All Particulars should be in neat Legible hand.
3. Registration fees should be sent in Case or by money Order. only.
4. Candidates should note that their names entered in the application must exactly correspond with their names at the University or other examinations, as the case may be.
5. Postal Charges of Rs. _____ be also remitted with fees.
6. Three copy of Photographs

Declaration

The above instructions have been read and I certify on solemn affirmation that all the particular furnished in this form including my Nationality & Residential, Local as well as professional address are true to the best of my knowledge, information and belief.

That I will be given Registration Certificate subject to production of my B.D.S. Degree certificate at the earliest from the University from which I passed my B.D.S. Examination.

UNDER TAKING

- I. Whether internship programme is in existence in the State where he passed B.D.S. degree Examination : _____
- II. If yes, whether he has completed the internship or not _____
- III. Whether he is Registered with any other state Dental Council or Not. Registration Number. _____
- IV. That if he is Registered with any other Council he may be given Registration Certificate by Gujarat State Dental Council with clear understanding that the Registration given by this Council will be only for the purpose of getting admission in M.D.S. Courses of Gujarat University and that he should get his Registration transferred to this Council as early as possible.

Please give below a specimen of your signature as used by you on Certificate.

(Specimen Signature)