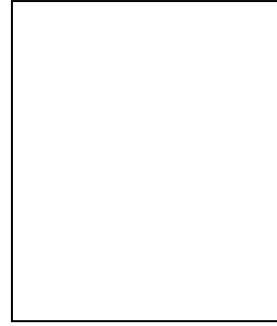


Form of Application for verification of Qualification & Registration

To,
The Registrar
Gujarat State Dental Council
Old Nursing College Building,
Nr. M.P. Shah Cancer Hospital,
New Civil Hospital Campus, Asarwa,
AHMEDABAD-380016



Sir,

I intend to apply for registration in your council herewith I am submitting the copies of Mark sheets, Degree of _____ University, Whether He/She is Registered with any other State Dental Council or Not. **Yes/No**

1. Name in Full _____
2. Residential Address _____

3. Email _____
4. Date Place & Year of Birth (DD/MM/YY) _____
5. Authority which granted Qualification _____
6. Name of College _____
7. Registration Number _____
8. Mobile/Landline No. _____
9. Internship Complete from (DD/MM/YY) _____ to _____
10. Date of Passing _____
- 11 Verification Charges Rs _____ paid by DD No _____ Date _____
Bank Name _____

Herewith I am paying a sum Rs. 3800/- (Not Refundable) towards verification fee I will apply for registration under Section 34 of Dentist Act 1948 after completion of Verification procedure.

Date: _____

Place: _____

Yours faithfully,

(Signature of Applicant)