

FORM OF APPLICATION FOR REGISTRATION AS A DENTIST

(Under the dentist act 1948)

Date.....

TO

**THE REGISTRAR,
J&K DENTAL COUNCIL,
JAMMU/SRINAGER**

Sir,

I beg to apply for registration as Dentist under section 34 (i), ii(a) and ii(b) of the dentist Act 1948. I have to request to enter my name, address and qualifications as stated below in part A, of the State Registrar of dentists.

Name in full.....
(in block letters)

Father's Name

Nationality (kindly give information in detail)

Place and date of birth

Professional Address

Employment if any

Residential Address.....

Whether subject of foreign Government

Whether citizen of India.....

QUALIFICATIONS

Description of Qualification on which registration is desired
.....

Name of the University or Faculty or Examining or Licensing body with full address
.....

Date of attaining the qualification

Institution through with appeared
.....

I forward herewith in original the degree, diploma for Registration as dentist (with attested copies). The original may please be returned when no longer required.

Yours faithfully,

Usual signature Name in full

Regd. No. Upto

FORM OF DECLARATION

(To be signed by the Dental Surgeon 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 my duty towards my patient and the professions; of the Dental profession:
- (iv) I shall look after the dental health of my patient as first consideration:
- (v) I shall honour the secrets which are confided in me by my patients during the professional services
- (vi) 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;
- (vii) 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 (i) of section 2 of the Act.
- (viii) I shall not indulge in any activity which might bring discredit to the Dental profession.

Dated

Signature

Name of Dentist..... Regd. No.

REQUIREMENTS :-

Attested photo copy of :-

1. Matric (showing Date of Birth)
2. 10+ 2 Exam.

3. Detail Marks Certificate of 1st proof / 2nd proof. / 3rd proof/ final proof.
4. Internship completion certificate (only Paid Rotatory internship)
5. Attempt Certificate.
6. Proof of domicile/ residence of J&K State
(Photo copy duly attested of Ration Card /Voter I – Card/ Driving License / passport /
any other proof/ Certificate issued by the concerned authorities)
7. 3 Passport size photos (one attested)
8. Registration fee Rs. 500/-Renewal fee @ Rs. 100/- per year.
Note : - The candidate will have to come personally for his/her registration.