

Office of the
ARUNACHAL PRADESH STATE DENTAL COUNCIL, NAHARLAGUN
DIRECTORATE OF HEALTH SERVICES PREMISES, NAHARLAGUN – 791 110

APPLICATION FOR REGISTRATION

To,

The Registrar-cum-Secretary
Arunachal Pradesh State Dental Council,
Naharlagun.

Sir,

I, _____ hereby apply for registration of my name in the Register of Dentists/Dental Hygienist/Dental Mechanic under provision of section (33) (37) (38) of the Dentists Act, 1948, as may be applicable.

I agree to pay the prescribed fee for registration I shall also pay the prescribed renewal fee for retention of my name in the register, annually, as required under section 39 of the Dentists Act, 1948.

To facilitate registration, I am furnishing the following particulars and documents in respect of my candidature.

1. Name in Full (in block letter) :
2. Father's Name :
3. Nationality :
4. Date of Birth :
5. Permanent Address
a) Vill./Town/Lane/Road etc. :
b) Post Office with Pin code :
c) Police Station :
d) District :
e) State :
f) Telephone No. :
6. Qualification(s) for which registration :
Require year of acquiring degree/diploma/
Certificate etc. (Copy of certificates/
Internship completion certificate will
Require)
7. Name of Authority which conferred :
qualification.
8. Present Address/ Professional Address :
or place where practice is being carried
on, in full address.
9. Contact No. :
10. Enclosures : i)
ii)
iii)
iv)

Yours faithfully,

Date:

(Signature of the Applicant)

FORM - I

Arunachal Pradesh State Dental Council

Application form for Registration of Dental Hygienist

Date

To,

The Registrar
Arunachal Pradesh State Dental Council
Naharlagun

Sir,

I hereby request that my name and other particulars mentioned below may be entered in the State Register of Dental Hygienist of Arunachal Pradesh as required under Section 37 of the Dentists Act. 1948 (Act No. 16 of 1948).

1. Name of the Applicant (in block letters) :
2. Father's/Husband's Name :
3. Mother's Name :
4. Gender :
5. Nationality :
6. Date of Birth (date, month, year) :
7. Address :
 - a. Residential Address :
 - b. Permanent Address :
 - c. Professional Address :
8. Telephone No./Mobile No./Fax No./ E – Mail ID :
9. Category (General/APST) :
10. Dental Hygienist registration date :

11. Details of Qualifications

Sl. No.	Description of Qualification	Name of the School/Dental College/Institution	Name of the Board/University/Licensing body	Year of Qualification

12. Dental Council of India Registration No. :
& date (if any).

13. (a) Registration No. & Date, if any in Other :
State.
(b) Authority under whom Registered :

I hereby submit a Bank Draft No. Dated
Prepared from (Bank) for Rs.1,000/- (Rupees One
Thousand) as non – refundable fee in favour of “**Registrar, Arunachal Pradesh State Dental Council**”
payable at Naharlagun.

DECLARATION

I solemnly affirm and declare that the particulars furnished above by me are true to the best of my knowledge and belief and I undertake to abide by the code of conduct & Ethics of Indian Dental Council and by the Rules of Arunachal Pradesh Dental Council.

Date

Signature of the Applicant

(for office use only)

Received the above documents in original.

Signature of registered person.....

Name

Date

I submit herewith original certificates for verification and submit attested copies of the same certificates: -

(a) If registered elsewhere (DCI and other State).

- i. Matriculation Certificate, SSC Exam certificate with date of birth.
- ii. Diploma, Degree, Post Doctoral Degree or any other.
- iii. Other State Dental Council/Dental Council of India Registration Certificate.
- iv. No. objection Certificate from State Dental council where earlier registered.
- v. Four recent passport size photographs with name and signature at the backside.
- vi. Bank Draft for Rs. 1000/- (Rupees One thousand only) in favour of “**Registrar, Arunachal Pradesh State Dental Council**” payable at Naharlagun (non – refundable).
- vii. S. T. certificate, Aadhar Card/ Pan Card.

(b) In case of fresh registration.

- i) Matriculation Certificate, SSC Exam certificate with date of birth.
- ii) Diploma, Degree, Post Doctoral Degree or any other.
- iii) Other State Dental Council/Dental Council of India Registration Certificate.
- iv) Four recent passport size photographs with name and signature at the backside.
- v) Aadhar card/Pan Card
- vi) Bank Draft for Rs. 1,000/- (Rupees One Thousand only) in favour of “**Registrar, Arunachal Pradesh State Dental Council**” payable at Naharlagun (non – refundable).
- vii) S. T. certificate.

DECLARATION

I solemnly affirm and declare that the particulars furnished above by me are true to the best of my knowledge and belief and I undertake to abide by the code of conduct & Ethics of Indian Dental Council and by the Rules of Arunachal Pradesh State Dental Council.

Date

Signature of the Applicant

(for office use only)

Received the above documents in original.

Signature of registered person.....

Name

Date