

**PART- XII**  
**MISCELLANEOUS**

- 43.** The President shall have the authority to constitute a committee of officer for destruction of an unserviceable article or otherwise of the Council to dispose off in the manner he/she may consider necessary.
- 44.** The Council shall be authorized to fix the process of its publication etc.
- 45.** The logo of Arunachal Pradesh State Dental Council- shall have the word ARUNACHAL PRADESH STATE DENTAL COUNCIL in bold letter in upper case of top position and the word Estd-2014 in small size in the bottom portion of the space between two concentric circles.
- 46.** Dental Council of India (DCI) logo will be used and occupy the central space of the inner circle with outline map of Arunachal Pradesh which consist of -
- a) The Tusker- The elephant with large tusk and gentle nature has been selected to represent the Dental Profession.
  - b) Caduceus- The symbol of medical profession is entwined over the tusks of the Elephant to symbolize the medico-dental harmony.
  - c) Map of Arunachal Pradesh- Represents the jurisdiction of the council.
- 47.** The motto of Arunachal Pradesh State Dental Council is to regulate and to guide the profession of dentistry to follow the professional conduct so as to provide better Dental and Oral Health care to the people in the State of Arunachal Pradesh.
- 48.** The State Council, if felt required to amend certain rule(s) subject to the condition that 2/3 of the Council members agrees, may advice the State Government to amend rule(s) and issue standing orders from time to time but not inconsistent with the Dentist Act. 1948.

**Hage Kojeen, IAS**  
Commissioner (Health & Family Welfare)  
Government of Arunachal Pradesh  
Itanagar.

**APPENDIX-A**  
**(See Rule 24)**  
**Arunachal Pradesh State Dental Council**

**FORMAT FOR REGISTRATION OF DENTAL SURGEON ,PART-A**

Sl. No.	Name	Father's/ Husband's name	Mother's name	Gender	Nationality	Date of birth (DD/M M/YY)	Address		
							Residential Address	Permanent Address	Professional address
1	2	3	4	5	6	7	8	9	10

Telepho ne No./ Fax No./ E- mail Id	Category (General/ APST)	Qualification							
		General Degree				Dental Degree			
		Descript ion of Qualific ation	Institu tion	Board/ Universi ty	Year of Passing	Description of Qualification	Dental College/ Institution	Board/ University/ Licensing Body	Year of qualification/ internship
11	12	13	14	15	16	17	18	19	20

DCI Registrati on if any	Registration No.	Registration in other state, if any			APSDC Registration No.		Initial of Registrar	Remarks
		Date of Registration	Registration No.	Authority under whom registered	Date	Registration No.		
21	22	23	24	25	26	27	28	29

Additional qualification					Initial of Registrar	Rem arks	Removal from Register				
Degree	Year of Qualifi cation	Dental College/ Institution	Board/ Council/ University /Licensing Body	Date of entry in APSDC Register			Other State/ Central		APSDC		Initial of Registrar
							Date	Reason	Date	Reason	
30	31	32	33	34	35	36	37	38	39	40	41

Restoration of Name in the Register									
Other State/ Central		APSDC		Initial of Registrar	Remarks	Renewal		Initial of Registrar	Remarks
Date	Reason	Date	Reason			Renew al Due date	Renewe d on		
42	43	44	45	46	47	48	49	50	51

**APPENDIX-B**  
**(See Rule 24)**  
**Arunachal Pradesh State Dental Council**

Photographs of  
Dental  
Hygienists

**FORMAT FOR REGISTRATION OF DENTAL HYGIENISTS**

Sl. No.	Name	Father's/ Husband's name	Mother's name	Gender	Nationality	Date of birth (DD/M M/YY	Address		
							Residential Address	Permanent Address	Professional address
1	2	3	4	5	6	7	8	9	10

Telepho ne No./ Fax No./ E- mail Id	Category (General/ APST)	Qualification							
		General Degree				Dental Degree			
		Descript ion of Qualific ation	Institu tion	Board/ Universi ty	Year of Passing	Description of Qualification	Dental College/ Institution	Board/ University/ Licensing Body	Year of qualification
11	12	13	14	15	16	17	18	19	20

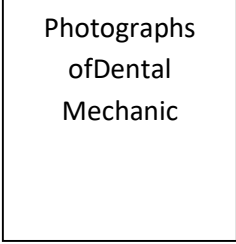
DCI Registrati on if any	Registration No.	Registration in other state, if any			APSDC Registration No.		Initial of Registrar	Remarks
		Date of Registration	Registration No.	Authority under whom registered	Date	Registration No.		
21	22	23	24	25	26	27	28	29

Additional qualification					Initial of Registrar	Rem arks	Removal from Register				
Degree	Year of Qualifi cation	Dental College/ Institution	Board/ Council/ University /Licensing Body	Date of entry in APSDC Register			Other State/ Central		APSDC		Initial of Registrar
							Date	Reason	Date	Reason	
30	31	32	33	34	35	36	37	38	39	40	41

Restoration of Name in the Register									
Other State/ Central		APSDC		Initial of Registrar	Remarks	Renewal		Initial of Registrar	Remarks
Date	Reason	Date	Reason			Renew al Due date	Renewe d on		
42	43	44	45	46	47	48	49	50	51

**APPENDIX-C**  
**(See Rule 24)**  
**Arunachal Pradesh State Dental Council**

**FORMAT FOR REGISTRATION OF DENTAL MECHANICS**



Sl. No.	Name	Father's/ Husband's name	Mother's name	Gender	Nationality	Date of birth (DD/M M/YY)	Address		
							Residential Address	Permanent Address	Professional address
1	2	3	4	5	6	7	8	9	10

Telepho ne No./ Fax No./ E- mail Id	Category (General/ APST)	Qualification							
		General Degree				Dental Degree			
		Descript ion of Qualific ation	Institu tion	Board/ Universi ty	Year of Passing	Description of Qualification	Dental College/ Institution	Board/ University/ Licensing Body	Year of qualification
11	12	13	14	15	16	17	18	19	20

APPENDIX-D

(see rule- 27)

Arunachal Pradesh State Dental council

Declaration Pledge

At the time of registration each applicant shall be given a copy of the following declaration by Registrar and the applicant shall read and agree to abide by the same and affirmed by the signature in presence of Registrar.

- 1) I solemnly pledge myself to consecrate my life to service of the humanity.
- 2) Even under threat, I will not use my knowledge contrarily to the laws of humanity.
- 3) I will maintain the outmost respect for human life from time of conception
- 4) I will not permit consideration of religion, nationality, race, party, politics or social standing to intervene between my duty and my patient.
- 5) I will practice my profession with conscience and dignity
- 6) The health of my patient will be my first consideration.
- 7) I will respect the secrets which are confined in me.
- 8) I will give my teacher the respect and gratitude which is their due.
- 9) I will treat my colleague with all respect and dignity.
- 10) I shall abide by the code of dentist ethics as enunciated in the dentist( code of ethic) Regulation 1976 of Dental council of India
- 11) I shall abide by the Rules of Arunachal Pradesh State Dental Council.

Signature\_\_\_\_\_

Name\_\_\_\_\_

Place:-----

Date:-----

Add:-----

**FORM-1**  
**(See Rule 25-26)**  
**Arunachal Pradesh State Dental Council.**

**Application form for registration of Dental Surgeon ,Part-A**

Receipt No.....

Date.....

**(For Office use)**

To,

The Registrar,  
Arunachal Pradesh State Dental Council,  
Naharlagun.

Affix passport size photograph attested
--

Sir,

I hereby request that my name and other particulars mentioned below may be entered in the State Registrar of Dental Surgeon (Part-A) of Arunachal Pradesh as required under Section 33 or section 34 (1) ( (I), (ii) (a) and ii (b) 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) :  
BDS Degree registration date :

10. Qualification :

a) General

Sl. No.	Description of Qualification	Name of the School/ College/ Institution	Name of the Board/ University	Year of qualification

b) Dental

Sl. No.	Description of Qualification	Name of the College/ Institution	Name of the University/Licensing Authority	Year of qualification/ Internship

11. Details of internship :

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 :

(a) Bank Draft No. & Date :

(b) Draft Prepared from (Bank) :

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

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

i. Birth Certificate/Matriculation Certificate/SSC Exam certificate with date of birth.

- ii. BDS Degree/Post Graduate Degree/Diploma/Post Doctoral Degree/any other issued by the concerned University or College.
- iii. Detail marks Certificate of 1<sup>st</sup> Prof./2<sup>nd</sup> Prof./3<sup>rd</sup> Prof & Final Prof of B.D.S.
- iv. Internship completion Certificate (Only Paid Rotatory Internship Certificate)
- v. Other State Dental Council/Dental Council of India Registration Certificate with BDS/MDS/ any other Qualification.
- vi. Other evidence in support of my having obtained the qualification which I possess.
- vii. No objection Certificate from State Dental Council where earlier registered.
- viii. Three recent passport size photographs with name and signature at the backside.
- ix. Bank Draft Rs. 2,000/- (Rupees two thousand) in favour of 'Arunachal Pradesh State Dental Council' Payable at Naharlagun (Non-refundable).

(b) In case of fresh registration

- (i) Birth Certificate/Matriculation Certificate/SSC Exam certificate with date of birth.
- (ii) BDS Degree/Post Graduate Degree/Diploma/Post Doctoral Degree/ any other issued by the concerned University or College.
- (iii) Details marks Certificate of 1<sup>st</sup> Prof./2<sup>nd</sup> Prof./3<sup>rd</sup> Prof & Final Prof of B.D.S.
- (iv) Internship Completion Certificate (Only Paid Rotatory Internship Certificate).
- (v) Other evidence in support of my having obtained the qualification which I possess.
- (vi) Three recent passport size photographs with name and signature at the backside.
- (vii) Bank Draft for Rs. 2000/- (Rupees two thousand) in favour of 'Arunachal Pradesh State Dental Council' payable at Naharlagun (Non refundable).

**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 Dental Council of India and by the Rules of Arunachal Pradesh State Dental Council.

Date:.....

**Signature of Applicant**

**(For office use only)**

Received the above documents in original

Signature of registered

Person.....

Name.....

Date.....



**FORM-2**  
**(See Rule 25-26)**  
**Arunachal Pradesh State Dental Council**

**Application form for registration of Dental Hygienist**

Receipt No.....

Date.....

**(For Office use)**

To,

The Registrar,  
Arunachal Pradesh State Dental Council,  
Naharlagun.

Affix passport size photograph attested
--

Sir,

I hereby request that my name and other particulars mentioned below may be entered in the State Registrar 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. Qualification

a) General

Sl. No.	Description of Qualification	Name of the School/ College/ Institution	Name of the Board/ University	Year of qualification

b) Dental Degree

Sl. No.	Description of Qualification	Name of the College/ Institution	Name of the University/Licensing Authority	Year of qualification

11. Dental Council of India Registration No. & Date

If any :

12. a. Registration No. & Date , if any in other state :

b. Authority under whom Registered :

13. (a) Bank Draft No. & Date :

(b) Draft Prepared from (Bank) :

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

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

- i. Birth Certificate/Matriculation Certificate/SSC Exam certificate with date of birth.
- ii. Diploma/ Degree /Post Graduate Degree/Post Doctoral Degree/any other issued by the concerned University or College.
- iii. Other State Dental Council/Dental Council of India Registration Certificate any other Qualification.
- iv. Other evidence in support of my having obtained the qualification which I possess.
- v. No objection Certificate from State Dental Council where earlier registered.
- vi. Three recent passport size photographs with name and signature at the backside.
- vii. Bank Draft Rs. 1,000/- (Rupees one thousand) in favour of 'Arunachal Pradesh State Dental Council' Payable at Naharlagun (Non-refundable).

(b) In case of fresh registration

- (i) Birth Certificate/Matriculation Certificate/SSC Exam certificate with date of birth.
- (ii) Diploma/ Degree /Post Graduate Degree/Post Doctoral Degree/ any other issued by the concerned University or College.
- (iii) Other evidence in support of having obtained the qualification which posses.
- (iv) Three recent passport size photographs with name and signature at the backside.
- (v) Bank Draft for Rs. 1000/- (Rupees one thousand) in favour of 'Arunachal Pradesh State Dental Council' payable at Naharlagun (Non refundable).

**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 Applicant**

**(for office use only)**

Received the above documents in original

Signature of registered

Person.....

Name.....

Date.....

**FORM-3**  
**(See Rule 25-26)**  
**Arunachal Pradesh State Dental Council.**

**Application form for registration of Dental Mechanic**

Receipt No.....

Date.....

**(For Office use)**

To,

The Registrar,  
Arunachal Pradesh State Dental Council,  
Naharlagun.

Affix passport size photograph attested
--

Sir,

I hereby request that my name and other particulars mentioned below may be entered in the State Registrar of Dental Mechanic of Arunachal Pradesh as required under Section 38 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) :

Address :

a) Residential Address

b) Permanent Address

c) Professional Address

Telephone No./Mobile No. Fax No./ E-mail ID :

Category (General/APST) :

Qualification-  
a)General

Sl. No.	Description of Qualification	Name of the School/ College/ Institution	Name of the Board/ University	Year of qualification

b)Dental Degree

Sl. No.	Description of Qualification	Name of the College/ Institution	Name of the University/Licensing Authority	Year of qualification

1. Dental Council of India Registration No. & Date  
If any :

2. a. Registration No. & Date , if any in other state :

b. Authority under whom Registered :

3. (a) Bank Draft No. & Date :

(b) Draft Prepared from (Bank) :

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

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

- (i) Birth Certificate/Matriculation Certificate/SSC Exam certificate with date of birth.
- (ii) Diploma/Degree/Post Doctoral Degree/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) Three recent passport size photographs with name and signature at the backside.
- (vi) Bank Draft for Rs. 1000/- (Rupees one thousand) in favour of 'Arunachal Pradesh State Dental Council' payable at Naharlagun (Non refundable).

(b) In case of fresh registration

- (i) Birth Certificate/Matriculation Certificate/SSC Exam certificate with date of birth.
- (ii) Diploma/Degree/Post Doctoral Degree/any other
- (iii) Other State Dental Council/Dental Council of India Registration Certificate.
- (iv) Three recent passport size photographs with name and signature at the backside.
- (v) Bank Draft for Rs. 1000/- (Rupees one thousand) in favour of 'Arunachal Pradesh State Dental Council' payable at Naharlagun (Non refundable).

**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 Applicant**

**(For office use only)**

Received the above documents in original

Signature of registered

Person.....

Name.....

Date.....

**FORM-4**  
**(See Rule 28)**  
**Arunachal Pradesh State Dental Council**  
Naharlagan  
**Registration Certificate of Dental Surgeon**

Pass port size  
photograph  
of the  
registered  
practitioner

**CERTIFICATE OF REGISTRATION**

*This is to certify that.....*

*Son/Daughter/Wife of.....Residing  
at.....*

*.....Qualification.....*

*.....and whose date of birth*

*is.....has been duly registered as a Dental Surgeon*

*Under section 34 of Dentist's Act, 1948 (xvi of 1948) in Arunachal Pradesh State Dental Council*

*Registration no.....part-.....*

*Date of first admission into the register.....*

*Signature of registered Dental surgeon*

*Registrar*

.....

1. Verification of certificate holder in person may be made by the council as and when necessary.
2. Registered practitioners should sent immediate notice to the Registrar of Arunachal Pradesh State Dental Council if there is any change in the registered address.
3. The Registration must be renewed before the expiry period from the date of last registration or renewal.
4. After the publication of names in the printed Dental Register, the last addition of the Register alone is the legal evidence of registration.
5. The Registered practitioner shall display the Certificate of Registration in a conspicuous part in the place of his/her practice, if he or she has more than one such places, in any one of them.
6. This certificate is valid up to.....

**FORM-5**  
**(See Rule 28)**  
**Arunachal Pradesh State Dental Council.**  
**Naharlagan**  
**Registration Certificate of Dental Hygienist**

Pass port size  
photograph  
of the Dental  
Hygienist

**CERTIFICATE OF REGISTRATION**

Registration No.....  
Year.....

This is to certify that:-

1. Shri /Smti.....(whose sign is in the box)   
son/ daughter/wife of ..... born on  
...../...../..... (date, month, year) possessing the  
qualification(s)..... has been duly registered as  
dental hygienist under the Dentists Act, 1948 (Act No. 16 of 1948)in apsd.
2. Shri /Smti..... has solemnly affirmed to abide by the  
Rules of Arunachal Pradesh State Dental Council Rules, 2014 and Dentist (Code of ethics)  
Regulations, 1976 of Dental Council of India.
3. In witness whereof, the seal of the Arunachal Pradesh State Dental Council and the  
signature of the Registrar is herewith affixed.
4. Subject to the provision of the said Act this certificate is valid upto  
.....

Date of issue.....

**Signature of Registrar**  
**With seal**

.....  
Important Notice:-

1. Dental Hygienist should sent immediate notice to the Registrar of Arunachal Pradesh  
State Dental Council if there is any change in the registered address.
2. The Registration must be renewed before the expiry period from the date of last  
registration or renewal.
3. After the publication of names in the printed Dental Register, the last addition of the  
Register alone is the legal evidence of registration.
4. The Registered practitioner shall display the Certificate of Registration in a conspicuous  
part in the place of his/her practice, if he or she has more than one such places, in any  
one of them.



**FORM-6**  
**(See Rule 28)**  
**Arunachal Pradesh State Dental Council.**  
**Naharlagan**  
**Registration Certificate of Dental Mechanic**

Pass port size  
photograph  
of the Dental  
Mechanic

**CERTIFICATE OF REGISTRATION**

Registration No.....

Year.....

This is to certify that:-

1. Shri / Smt.....(whose sign is in the box)   
son/ daughter / wife of ..... born on  
...../...../..... (Date, month, year) possessing the  
qualification(s)..... has been duly registered as  
dental mechanic under the Dentists Act, 1948 (Act No. 16 of 1948)in apsd
2. Shri/Smti..... has solemnly affirmed to abide by the  
Rules of Arunachal Pradesh Dental Council Rules, 2014 and Dentist (Code of ethics)  
Regulations, 1976 of Dental Council of India.
3. In witness whereof, the seal of the Arunachal Pradesh State Dental Council and the  
signature of the Registrar is herewith affixed.
4. Subject to the provision of the said Act this certificate is valid upto  
.....

Date of issue.....

**Signature of  
Registrar  
With seal**

Important Notice:-

1. Dental Mechanic should sent immediate notice to the Registrar of Arunachal Pradesh State Dental Council if there is any change in the registered address.
2. The Registration must be renewed before the expiry period from the date of last registration or renewal.
3. After the publication of names in the printed Dental Register, the last addition of the Register alone is the legal evidence of registration.
4. The Registered practitioner shall display the Certificate of Registration in a conspicuous part in the place of his/her practice, if he or she has more than one such places, in any one of them.

**FORM-7**  
**(See Rule 29 (1))**  
**Arunachal Pradesh State Dental Council**

**APPLICATION FORM FOR CONTINUATION OF NAME IN THE REGISTER OF DENTAL SURGEON ,PART-A**

Receipt No.....

Date.....

(For office use)

To,

The Registrar,  
Arunachal Pradesh State Dental Council,  
Naharlagun.

Affix passport  
size  
Photograph  
Attested

Sub:- **Continuation of name in the Register.**

Sir,

I request that my name may be continued in the State Register maintained by Arunachal Pradesh State Dental Council.

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

10.Details of Qualification

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

11. Arunachal Pradesh State Dental Council Registration

Certificate No. & Date. :

12. Present occupation :

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

- a) Two recent passport size photographs with name and signature at the back side.
- b) Arunachal Pradesh State Dental Council Registration Certificate.
- c) BDS/Degree/Post Graduate Degree/Diploma/Post-Doctoral Degree Certificate.

I hereby submit a Bank Draft No..... Rs. 1000/- Dated..... prepared from (Bank) ..... for Rs. 1000/- (Rupees one thousand) as non-refundable fee in favour of "Arunachal Pradesh State Dental Council" payable at Naharlagun.

**(in case of late fee)**

I hereby submit a Bank Draft No..... Dated..... prepared from (Bank)..... for Rs..... being the late fee as non-refundable in favour of "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 State Dental Council.

Date:.....

**Signature of Applicant**

**(For office use only)**

Received the above documents in original

Signature of registered

Person.....

Name.....

Date.....

**FORM-8**  
**(See Rule 29 (1))**  
**Arunachal Pradesh State Dental Council.**

**APPLICATION FORM FOR CONTINUATION OF NAME IN THE REGISTER OF DENTAL HYGIENIST**

Receipt No.....

Date.....

(for office use)

To,

The Registrar,  
Arunachal Pradesh State Dental Council,  
Naharlagun.

Affix passport  
size  
Photograph  
Attested

Sub:- **Continuation of name in the Register.**

Sir,

I request that my name may be continued in the State Register maintained by Arunachal Pradesh State Dental Council.

1. Name of the Applicant (in block letters) :
2. Mother's Name :
3. Father's/Husband's Name :
4. Gender :
5. Date of Birth (date, month, year) :
6. Nationality :
7. Category (General/APST)
8. Address
  - a) Residential Address
  - b) Permanent Address
  - c) Professional Address

9. Telephone No./Mobile No. Fax No./ E-mail ID :

10. Details of Qualification

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

11. Arunachal Pradesh State Dental Council Registration

Certificate No. & Date. :

12. Present occupation :

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

- Two recent passport size photographs with name and signature at the back side.
- Arunachal Pradesh State Dental Council Registration Certificate.
- BDS/Degree/Post Graduate Degree/Diploma/Post-Doctoral Degree Certificate.

I hereby submit a Bank Draft No..... Dated..... prepared from (Bank) ..... for Rs. 500/- (Rupees five hundred) as non-refundable fee in favour of "Arunachal Pradesh State Dental Council" payable at Naharlagun.

**(in case of late fee)**

I hereby submit a Bank Draft No..... Dated..... prepared from (Bank)..... for Rs..... being the late fee as non-refundable in favour of "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 State Dental Council.

Date:.....

**Signature of Applicant**

**(for office use only)**

Received the above documents in original

Signature of registered

Person.....

Name.....

Date.....

**FORM-9**  
**(See Rule 29 (1))**  
**Arunachal Pradesh State Dental Council.**

**APPLICATION FORM FOR CONTINUATION OF NAME IN THE REGISTER OF DENTAL MECHANIC**

Receipt No.....

Date.....

(for office use)

To,

The Registrar,  
Arunachal Pradesh State Dental Council,  
Naharlagun.

Affix passport size Photograph Attested
--

Sub:- **Continuation of name in the Register.**

Sir,

I request that my name may be continued in the State Register maintained by Arunachal Pradesh State Dental Council.

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

10. Details of Qualification

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

11. Arunachal Pradesh State Dental Council Registration

Certificate No. & Date. :

12. Present occupation :

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

- a) Two recent passport size photographs with name and signature at the back side.
- b) Arunachal Pradesh State Dental Council Registration Certificate.
- c) BDS/Degree/Post Graduate Degree/Diploma/Post-Doctoral Degree Certificate.

I hereby submit a Bank Draft No..... Dated..... prepared from (Bank) ..... for Rs. 500/- (Rupees five hundred) as non-refundable fee in favour of "Arunachal Pradesh State Dental Council" payable at Naharlagun.

**(In case of late fee)**

I hereby submit a Bank Draft No..... Dated..... prepared from (Bank)..... for Rs..... being the late fee as non-refundable in favour of "Arunachal Pradesh 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 State Dental Council.

Date:.....

**Signature of Applicant**

**(for office use only)**

Received the above documents in original

Signature of registered

Person.....

Name.....

Date.....

**FORM-10**  
**(See Rule 29 (2))**  
**Arunachal Pradesh State Dental Council**

**FORM FOR GENERAL NOTICE**

General Notice is hereby given to all the registered persons included in the State Register of Arunachal Pradesh State Dental Council under the Dentist Act, 1948 (Act No. 16 of 1948) whose validation of Registration have been completed, they have to make an application to the Registrar for continuance of their names in the said Register as provided in Rule 29 (1) of the Arunachal Pradesh State Dental Council Rules, 2014.

Date:

Registrar  
Arunachal Pradesh State Dental  
Council  
Naharlagun



**FORM-11**  
**(See Rule 29 (3))**  
**Arunachal Pradesh State Dental Council.**

**Notice for continuation of name in the Register**

To,

.....

.....

.....

Sub:- **Individual Notice for continuation of name in the Arunachal Pradesh State Dental Council Register.**

Sir,

Notice is hereby given to you calling upon you to return the enclosed application form duly filled in by you to the Registrar within \_\_\_\_\_ days for continuation of your name in the state Registrar of Arunachal Pradesh State Dental Council. Otherwise, the Sate Council will remove your name from the state Register.

Yours faithfully,

Registrar  
Arunachal Pradesh State Dental Council  
Naharlagun

-----

**FORM-12**  
**(See Rule 30 (3))**  
**Arunachal Pradesh State Dental Council.**

**APPLICATION FOR REGISTRATION OF ADDITIONAL QUALIFICATION(S)**

Receipt No.....

Date.....

(for office use)

To,

The Registrar,  
Arunachal Pradesh State Dental Council,  
Naharlagun.

Affix passport  
size  
Photograph  
Attested

Sub:- **Registration of additional qualification.**

Sir,

I am a registered practitioner of Arunachal Pradesh State Dental Council and my registration No. is ..... I have acquired an additional qualification in Dentistry and desire to register the same. My particulars are as under:-

1. Name of the Applicant (in block letters) :
2. Mother's Name :
3. Father's/Husband's Name :
4. Gender :
5. Date of Birth (date, month, year) :
6. Nationality :
7. Category (General/APST)
8. Address
  - a) Residential Address
  - b) Permanent Address
  - c) Professional Address

9. Telephone No./Mobile No. Fax No./ E-mail ID :

10. Details of existing Qualification

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

11. Details of additional dentistry Qualification.

Sl. No.	Description of Qualification	Dental College/ Institution	Name of the University/ Licensing Body	Year of qualification

12. Present occupation :

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

- Two recent passport size photographs with name and signature at the back side.
- Arunachal Pradesh State Dental Council Registration Certificate.
- BDS/Degree/Post Graduate Degree/Diploma/Post-Doctoral Degree Certificate.

I hereby submit a Bank Draft No..... Dated..... prepared from (Bank) ..... for Rs. 500/- (Rupees five hundred) as non-refundable fee in favour of "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 State Dental Council.

Date:.....

**Signature of Applicant**

**(for office use only)**

Received the above documents in original

Signature of registered

Person.....

Name.....

Date.....

**FORM-13**  
**(See Rule 30 (6))**  
**Arunachal Pradesh State Dental Council.**

**APPLICATION FOR RESTORATION OF NAME IN THE REGISTER**

Receipt No.....

Date.....

(for office use)

To,

The Registrar,  
Arunachal Pradesh State Dental Council,  
Naharlagun.

Affix passport  
size  
Photograph  
Attested

Sub:- **Restoration of name in the Register.**

Sir,

1. I, the undersigned..... (full name and address) holding qualification of ..... do solemnly declare that the following are \* facts of my case on which I seek restoration of my name in the Register.
2. My name was duly registered in the APSDC Register of..... having registration number ..... (Name of the State)..... dated.  
.....
3. My name was duly registered in the State Register of Arunachal Pradesh State Dental Council on..... having registration number.....
4. At an enquiry held on the ..... day of..... by the Council/Executive Committee of ..... my name was directed to be removed from the State Register and the offence(s) for which the Council/Executive Committee of ..... Directed removal of my name was/were.....
5. Since the removal of my name from the Register, I have been residing at ..... and my occupation has been.....
6. It is my request that my name be restored in the Register of..... State.
7. The grounds for the present application are:-
  - (i)
  - (ii)
  - (iii)
8. The prescribed fee of Rs. 1000/- (Rupees one thousand) deposited by Bank Draft No..... dated..... in favour of Arunachal Pradesh State Dental Council payable at Naharlagun.
9. I request that orders may be passed for restoration of my name in the State Register of..... (State).

\* (Instructional): All facts and the grounds on which the application is made should be clearly and concisely stated. Use separate sheet if necessary).

10. I submit three recent passport size photographs.

11. I submit Arunachal Pradesh State Dental Council Registration Certificate in original (if not submitted earlier).

Declared at.....

Before.....

Signature

---

**(for office use only)**

Received the above documents in original

Signature of registered

Person.....

Name.....

Date.....

---

**FORM -14**  
**(see rule-41(b))**  
**Nomination Paper**

**Election to the Arunachal Pradesh State Dental Council**

**(To be filled up by the Candidate)**

Affix recent  
passport size  
Photograph

Bank Draft No..... Date.....  
Amount.....

I am registered Dental Surgeon of the Arunachal Pradesh State Dental Council under Registration No..... and hereby offer my candidature for election as Member of Arunachal Pradesh State Dental Council. I further declare that, I shall work for Arunachal Pradesh State Dental Council if elected.

1. Name of the Candidate (in block letters) :  
(As it appears in the Arunachal Pradesh State Dental Council Registration Certificate)
2. Father's/Husband's Name :
3. Sex :
4. Age :
5. Present occupation :

6. Postal Address of the Candidate :  
Date.....

Signature of the Candidate

..

**(To be filled by the proposer)**

I hereby propose..... as a candidate for the forthcoming election to the Arunachal Pradesh State Dental Council.

1. Name of the Proposer (in block letters) :  
(As it appears in the Arunachal Pradesh State Dental Council Registration Certificate)
2. Postal Address of the proposer :
3. Proposer's Registration No. in the Arunachal Pradesh State Dental Council :

Date.....

Signature of the Proposer

(To be filled by the seconder)

I second above nomination

1. Name of the Seconder (in block letters) :  
(As it appears in the Arunachal Pradesh  
State Dental Council Registration Certificate)
2. Postal Address of the Seconder :
3. Seconder's Registration No. in the Arunachal  
Pradesh State Dental Council :

Date.....

Signature of the Seconder

.....

(To be filled by the Returning Officer)

Serial No. of the nomination paper.....

This nomination paper was delivered to me at my office on .....

Date.....

**(Returning Officer)**

Decision of Returning Officer

Date.....

**(Returning Officer)**

**INSTRUCTION**

- (i) Nomination papers which are not received by the Returning Officer before.....  
(hour) on the date..... shall be rejected.
- (ii) The names of the proposer and seconder as they appear in the State registrar of  
Arunachal Pradesh State Dental Council and their registered number shall be clearly  
written below their respective signature.

---

(for office use only)

Received the nomination paper

Signature of Returning  
Officer.....

Name.....

Date.....

**FORM-15**

**(see rule-41)**

**letter of intimation to the voters**

**Election to the Arunachal Pradesh State Dental council**

Sir/Madam,

1. The persons, whose name are printed on the voting paper sent herewith, have been duly nominated as candidates for the election to the Arunachal Pradesh State Dental Council if you desire to vote at the election to the Arunachal Pradesh State Dental Council. If you desire to voter at the election I request you that you shall-
  - (a) Fill up and sign the declaration paper.
  - (b) Mark your vote/votes in the column provided for the purpose in the voting paper as directed on the voting paper.
  - (c) Enclose the voting paper in the smaller cover (hereafter called the voting paper cover) and stick it up, and
  - (d) Enclose the smaller cover and the declaration paper in outer envelope addressed to me and return the same to me by post or deliver it in person in my office so as to reach me not later than 2.00 PM on the ..... of year .....
2. The voting paper cover shall be rejected if-
  - (a) The outer envelope enclosing the voting paper cover is not sent by post or delivered in person in my office or is received later than the day and hour fixed for the closing of the poll or
  - (b) The outer envelope contains no declaration paper outside the voting paper cover, or
  - (c) The declaration paper is not the one sent by the Returning officer to the voter, or
  - (d) Te declaration is not signed by the elector, or
  - (e) The voting paper is placed outside the voting paper cover, or
  - (f) More than one declaration or voting paper cover has been enclosed in one and the same outer envelope.
3. A voting paper shall be invalid if:
  - (a) It does not bear the Returning Officer's initials or facsimile signature or
  - (b) The voter signs his name, or writes any word or makes any mark by which it becomes recognizable as his voting paper, or
  - (c) No vote is recorded thereon, or
  - (d) The number of votes recorded thereon exceeds the number of seats to be filled, or
  - (e) There is uncertainty of the vote exercised.
4. If a voter inadvertently spoils a voting paper, he can return it, not later than seven days before the date appointed for the poll, to the Returning Officer who shall, if satisfied of such inadvertence, issue to him another voting paper.
5. The scrutiny and counting of votes shall begin on ..... (date) at ..... (hour) at ..... (place).
6. No person shall be present at the time of scrutiny and counting of votes except the Returning Officer, such other persons as he may appoint to assist him and the candidate or their duly certified representative(s) under clause (k) of Rule 41 of the Arunachal Pradesh State Dental Council Rules, 2014.



**FORM-16**

**(see rule-41)**

**Voters declaration Paper**

**Election to the Arunachal Pradesh State Dental Council**

Election to the Arunachal Pradesh State Dental Council under section 21 (a) of the Dentist Act, 1948 (Act No. 16 of 1948).

Serial No.....

Elector's Name.....

Registration Number on the State Register.....

**ELECTOR'S DECLARATION**

I, Dr..... (Name in full and Designation if any) declare that I am elector for the election to Arunachal Pradesh State Dental Council by the electorate under section 21 (a) of the Dentist Act, 1948 and that I have signed no other voting paper at this election.

Station.....

State.....

Signature.....

**FORM-17**  
**(see rule-41)**  
**Voting Paper**  
**Election to the Arunachal Pradesh State Dental Council**

Serial

No.....

..... ( in words \* member (s)/is/are to be elected under section 21 (a) the Dentist Act, Act, 1948 (Act No. 16 of 1948).

Sl. No.	Name and Address of Candidate	Vote
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Returning Officer  
Seal and Signature

---

Instruction

1. Each elector has number of votes as the number of members to be elected.
2. Each elector shall give only one vote to any candidate.
3. He/she shall vote by placing the Mark 'X' opposite the name of the candidate/ candidates to whom he wishes to vote.
4. The voting paper shall be invalid if-
  - a) It does not bear the Returning Officer's initials or facsimile signature or
  - b) The voter signs his name or writes any word or makes any mark on it, by which it becomes recognizable as his voting paper, or
  - c) No vote is recorded thereon, or
  - d) The number of votes recorded thereon exceeds the number of seats to be filled, or
  - e) There is uncertainty of the vote exercised.

**FORM-18**

**(See rule-41&42)**

**Arunachal Pradesh State Dental Council**

**Declaraiton of result of Member, President & Vice President**

I hereby declare that ..... has been duly elected under Section 21(a)/ Section 25 of the Dentists act, 1948 (Act No. 16 of 1948) as the Member/President /Vice President of the Arunachal Pradesh State Dental Council for a period of ..... w.e.f.....

Place:

Date:

**Returning Officer**

10. Total no. of registered dental surgeon under APSDC – 496
11. Registration of Dental technician & Dental hygienist – 6
12. Office address –Arunachal Pradesh State Dental Council, Directorate of Health Services building;2nd floor, Room No- 158, Phone- 0360 – 2351564, (O), 9436229331, 8794652272
13. E-mail ID ---- arpsdc@gmail. Com
14. Registrar- Dr. Joram Nisha.
15. Location map