

# KARNATAKA STATE DENTAL COUNCIL, BANGALORE - 560 018

ಕರ್ನಾಟಕ ರಾಜ್ಯ ದಂತ ವೈದ್ಯ ಪರಿಷತ್ತು, ಬೆಂಗಳೂರು - 560 018

APPLICATION FOR REGISTRATION AS DENTIST - UNDER SECTION 34 & 35 OF DENTISTS ACT 1948

ಡೆಂಟಿಸ್ಟ್ ಆಕ್ಟ್ 1948ರ ಸೆಕ್ಷನ್ 34 ಮತ್ತು 35ರ ಅಡಿಯಲ್ಲಿ - ದಂತ ವೈದ್ಯರಾಗಿ ನೋಂದಾಯಿಸಲು ಅರ್ಜಿ

FORM-C / ನಮೂನೆ - ಸಿ

To,  
The Registrar,  
Karnataka State Dental Council,  
No 143, 5th Main Road,  
Chamarajpet, Bengaluru – 560018.

Sir,  
I Request you to enter my name and address in Part-A of the Register of Dentists for the State of Karnataka.  
A Registration fee of Rs..... is remitted by Bank DD/Card payment No.....  
Dated..... Name of the Bank.....

1. Full Name (In Block Letters)	
2. Sex	<input type="checkbox"/> Male / <input type="checkbox"/> Female
3. Place, Date of Birth in Detail (Enclose Certificate of Proof of date of birth such as SSLC Marks Card, Birth Certificate, Passport – original and Xerox copy)	
4. Nationality (in case of Indian Nationals who are born/studied outside India, They should show proof of nationality by submission of their passports issued by the respective authorities- original and Xerox copy)	
5. Father's Name	
6. Present Address	
7. Permanent Address	
8. Category	<input type="checkbox"/> Gen/ <input type="checkbox"/> OBC/ <input type="checkbox"/> SC/ <input type="checkbox"/> ST
9. PAN Card No & Aadhar Number	
10. Mobile No	
11. Email	
12. Description of Qualifications of which registration is desired (Provisional Degree Certificate from the university and the Final year Marks Cards should be enclosed – original and Xerox copy)	

13. Name of the university which conferred the qualification with full address	
14. Date of Attaining the qualification	
15. Name of the College	

I hereby solemnly declare that I will follow the 'Ethical Rules for Dentists' prescribed by the Dental council of India while practicing Dentistry, a copy of which I have received.

Yours Faithfully

Place

Date

Signature

**CERTIFICATE BY THE HEAD OF THE INSTITUTE / COLLEGE**

This is to certify that Dr ..... is a bonafide student of this college and has passed B.D.S Degree examination with registration No..... in the (Month)..... year..... from this college and has completed compulsory Rotatory internship for a period of One year (Indicate Month and year of Degree) from ..... to..... and is eligible for the Degree.

Place

Signature of the Principal Head of the Institution / College with Office Seal

Date

**INSTRUCTIONS**

1. All Particulars given above must be filled in by the applicant neatly and legibly.
2. The Names entered in the application must exactly correspond with their names entered in the university.
3. Documents to be enclosed (Original and Xerox copy)
  - a. Permanent Degree Certificate  
If the "DEGREE CERTIFICATE" is still not issued by the University and Convocation is not held, then acknowledgement of the application for degree certificate to be issued by the respective college to be attached along with Provisional Degree Certificate (PDC).
  - b. Internship Completion
  - c. Final Year Marks Cards
  - d. Certificate of proof of date of birth (SSLC/Birth Certificate/Passport)
  - e. PAN Card
  - f. Passport size photo
4. Registration Fee can be paid through Demand Draft Favoring **Karnataka State Dental Council, Bangalore** or by swiping the Debit/Credit Card at the Office.

Signature of the Applicant