

KARNATKA STATE DENTAL COUNCIL, BANGALORE

APPLICATION FORM FOR PROVISIONAL REGISTRATION

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

Sir,

I request that my name may be provisionally registered in the Karnataka State Dental Council, Bangalore and a Certificate be issued under the Dentists Act 1948. The fee of Rs..... is remitted through Bank.

DD No..... and DD Date..... Name of the Bank.....

PARTICULARS

1. Name in Block letters:

2. Sex: Male / Female.

3. Father's Name:

4. Nationality:

5. Address-Provisional:

6. Date of Birth & Place of Birth:

7. (a) Qualification:

(b) Date of Passing:

(c) Register No. (BDS)

8. Name of College & University:

9. Institution of internship:

10. Date of Commencement of internship;

11. Date of completion of internship:

Station:

Date:

Signature of Applicant

Certificate by the Head of the institution

Certified that Dr.....has passed the B.D.S. Examination held in the month..... of 20.....

fromUniversity with Register No. He / She will be

provided with internship training in our institution.

Place:

Date:

Signature of the Head of the institution with Office Seal