

KARNATAKA STATE DENTAL COUNCIL, BANGALORE – 18

APPLICATION FOR REGISTRATION AS DENTAL HYGIENISTS / DENTAL MECHANICS / DORA / DIPLOMA IN DH/DM

(UNDER SECTION 37 & 38 OF DENTISTS ACT 1948)

TO:

The Registrar,
Karnataka State Dental Council,
No. 23, Appajappa Agrahara, 1st Main Road,
Chamrajpet, Bangalore -560018.

Sir,

I request you to enter my name address in the register of Dental Hygienists / Dental Mechanics / DORA / Diploma in DH or DM for the State of Karnataka. A Registration fee of Rs. _____ is remitted by Bank Draft No. _____ dated _____ on _____ Bank _____ is enclosed herewith.

1. Full name (in Block letters) :
2. Sex :
3. Place, Date and Year of Birth in detail.
(Enclose certificate of proof of date of Birth such as SSLC Marks Card or Birth Certificate – 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 respective authorities – original and Xerox copy) :
5. Father's Name :
6. Present Address :
7. Permanent Address :
8. Description of Qualifications of which Registration is desired.
(Dental Hygienists / Dental Mechanics / DORA / Diploma in DH or DM Certificate from the College should be enclosed – Original and Xerox Copy) :

9. Name of the College which conferred
the qualifications with full address :

10. Date of attaining the Qualifications :

11. Institution through which appeared :

Yours faithfully

Signature

Station:

Date:

(Name in full block letters)

CERTIFICATE BY THE HEAD OF THE INSTITUTION / COLLEGE

This is to certify that Mr./Ms./Mrs. _____ is a bonafide student of this college and has passes DENTAL HYGIENISTS / DENTAL MECHANICS / DORA / Diploma in DH or DM examination with Registration No. _____ in the (month) _____ (year) _____ from this college.

Signature of the Head / Principal
of the Institution / College with office seal

Station:

Date:

INSTRUCTIONS

1. All particulars given above must be filled in ink by the applicant neatly and legibly.
2. Registration fee must be paid by D.D in favor of "**Karnataka State Dental Council, Bangalore**", payable at Bangalore.
3. The Names entered in the application must exactly correspond with their names entered in the University or other examination as the case may be.
4. Two Passport Size Photographs must be enclosed.
5. Original and Xerox copies of the Certificates of proof of Date of Birth, Passport, Pass / Certificate of DH / DM / DORA / Diploma in DH or DM must be enclosed.