

**Form of Application for Registration of Dentist under Section 34 of the Dentists Act, 1948 (XVI of 1948)**

<b>For Office Use Only</b> Registration No. .... Receipt No. .... Date ..... Certificate No .....
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Signature of the Candidate
Signature & Seal of the Dean/Principal of the concerned Dental College/Gazetted officer.

Latest Colour Photograph of the Candidate attested by the Dean/Principal of the concerned College/Gazetted officer
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Sir,

I have to request to enter my name, address and qualifications as stated below in part 'A' of the Dentists register of the state of Madhya Pradesh.

Registration fee (including one year retention fee) of Rs. 1200/- (One Thousand Two Hundred only) or Rs. 2000/- (including five years retention fee) is sent by Demand Draft in favour of **"M.P. State Dental Council"** payable at Indore vide D.D. No. .... dated ..... on ..... (Name of the Bank).

**Particulars about myself are furnished below:**  
**(Kindly fill the form in Capital letters only)**

- 1) Name in full (Block letters only) .....
- 2) Father's Name ..... Spouse Name .....
- 3) Place of birth .....
- 4) Date of Birth ..... In Words .....
- 5) Nationality (Kindly give information in details) .....
- 6) Whether Citizen of India by domicile/birth .....
- 7) Present Residential Address (Address Proof Attached) .....
- .....
- 8) Permanent Address .....
- 9) Description of qualification of which registration is desired .....
- 10) Name of the University .....
- 11) Name of the Dental College/Institution through which studied/appeared.  
.....
- 12) Whether final B.D.S. Degree has been received or not .....
- 13) Date of acquiring final B.D.S. Degree .....

Signature of Applicant

**DECLARATION**

I ..... (Applicant) hereby declare that the statements made above are correct. I further declare that I shall maintain the dignity and ethical standard of the profession in my practice as a Dentist.

I undertake that I shall intimate to the Registrar any change of my address or place of practice.

All original documents of the Mark Sheets and certificates of my qualification is submitted herewith for verification and it may be returned to me after verification.

Permanent Address:

Yours faithfully

Place:

Date:

.....  
*(signature of the applicant)*

Telephone No.

Mobile No.

E-Mail:

Specimen signatures

(Signature)

(Signature)

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**FOR OFFICE USE ONLY**

**Checked by:**

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**APPROVED**

**Registrar/President**

**SCHEDULE**  
**FORM OF DECLARATION**  
**(See Regulation – 3)**

- (1) I solemnly pledge myself to devote my life to the cause of serving humanity in the field of dental care;
- (2) I shall not use my dental knowledge contrary to the laws of humanity.
- (3) I shall not permit consideration of religion, nationality, race, caste and creed party politics or social standing to interence on my duty towards my patients and the profession;
- (4) I shall look after the dental health of my patients as my first consideration.
- (5) I shall honour the secrets which are confided in me by my patients during the professional services;
- (6) I shall always maintain the honour and noble traditions of the Dental profession;
- (7) I shall deem it an honour to cherish a proper pride in my collections and shall not disparage them by actions deeds or words;
- (8) I shall abide by the various provisions of the Act and desist from using a Degree/Diploma or an abbreviation indicating or implying a dental qualification, which is not in accordance with the definition of ‘recognized dental qualification’ as defined under clause (1) of Section 2 of the Act.
- (9) I shall not indulge in any activity which might bring discredit to the Dental profession.

Place:

Dated:

Signature

Name of Dentist .....

State .....

Address: .....

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**Please bring followings in order as mentioned below for New Registration**

- (1) D.D. of Rs. 1200/- or Rs. 2000/- in favour of “**M.P. State Dental Council**” payable at Indore.
- (2) Completely filled prescribed form with Declaration Form (To follow the code of ethics regulation – 1976)
- (3) One colour Photograph duly attested by the Dean/Principal/Gazetted Officer & one extra passport size colour photograph for printing on Registration Certificate.
- (4) High School Certificate/Mark Sheet showing date of birth.
- (5) Higher Secondary Certificate/Mark Sheet.
- (6) Mark Sheet of B.D.S. 1<sup>st</sup> year to Final year.
- (7) Paid rotatory Internship completion certificate.
- (8) Attempt certificate.
- (9) B.D.S. Degree ( In case Degree is not granted by the University till today, then submit Provisional Degree Certificate with declaration on Rs. 10/- stamp (Non Judicial) paper duly notarized **(Prescribed format is attached on page No. 5).**
- (10) Domicile Certificate of Madhya Pradesh issued by Nayab Tehsildar/Tehsildar/S.D.M./S.D.O.
- (11) Character Certificate issued by the Dental College/Institute.
- (12) College recognition certificate from D.C.I./Ministry of Health & Family Welfare, Govt. of India/Copy of Gazette Notification.
- (13) The applicant shall also submit an Affidavit on Rs. 10/- Stamp paper (Non Judicial) duly Notarised. **(Prescribed format is attached on page No. 5).**
- (14) Photo ID & address proof such as: PAN Card, Aadhar Card, Voter ID Card, Driving License, Passport. (Any two)

**INSTRUCTIONS:**

- 1) All copies of Mark Sheet, Certificate, Domicile Certificate and Character Certificate, photo ID has to be submitted along with the registration form duly attested by the Gazetted Officer/Dean/Principal.
- 2) All particulars given above must be filled in by the applicant himself.
- 3) All particulars should be in neat legible hand.
- 4) Candidate should note that their names entered in the application must exactly correspond with their names in the University or other examination as the case may be.
- 5) A candidate will have to come **personally** in the Council office for registration & should bring all original documents. Original documents will be returned after verification.
- 6) Candidate already registered with any other State Dental Council in India, will have to produce copy of order of transfer of registration from Dental Council of India, New Delhi.
- 7) Applicant has to submit self addressed envelop of A4 size with Rs. 40/- postage stamps affixed on the envelop.

### शपथ पत्र का प्रारूप

नाम .....

उम्र .....

व्यवसाय .....

पता .....

(1) मैं ..... सत्य कथन करता/करती हूं कि मैंने .....(कॉलेज का नाम) से बी.डी.एस. का चार वर्षीय पाठ्यक्रम सन् ..... में पूर्ण कर लिया है। मैंने इसी कॉलेज से एक वर्ष की इंटर्नशिप भी वर्ष ..... में पूर्ण कर ली है।

(2) मुझे ..... (विश्वविद्यालय का नाम) द्वारा बी.डी.एस. का प्रोविजनल सर्टिफिकेट प्राप्त हो चुका है, जिसके आधार पर मैं अपना पंजीयन मध्यप्रदेश राज्य दंत परिषद् में करना चाहता/चाहती हूं, जिसके लिये मैंने अपना आवेदन पत्र प्रस्तुत कर दिया है।

(3) मुझे जैसे ही ..... (विश्वविद्यालय का नाम) से बी.डी.एस. की मूल उपाधि प्राप्त हो जाती है, तो उसकी सत्यापित प्रति मैं मध्यप्रदेश राज्य दंत परिषद् को यथाशीघ्र प्रस्तुत कर दूंगा/दूंगी। अन्यथा परिषद् को यह अधिकार होगा कि वो मेरा रजिस्ट्रेशन निरस्त कर सकते हैं, जिसके लिये मुझे कोई आपत्ति नहीं होगी।

स्थान .....

दिनांक .....

शपथग्रहिता के हस्ताक्षर .....

### शपथ पत्र का प्रारूप (मध्यप्रदेश के बाहर से बी.डी.एस. करने वाले आवेदकों के लिये)

मैं यह प्रमाणित करता/करती हूं कि मैंने भारत में किसी भी राज्य में बी.डी.एस. का पंजीयन नहीं कराया है। यदि यह कथन असत्य पाया जाता है तो मध्यप्रदेश राज्य दंत परिषद् को यह अधिकार होगा कि वो मेरा पंजीयन निरस्त कर सकते हैं जिसके लिये मुझे कोई आपत्ति नहीं होगी।

स्थान .....

दिनांक .....

शपथग्रहिता के हस्ताक्षर .....