

DENTAL COUNCIL OF INDIA

(Form of Application for transfer of registration under section
46A of the Dentist Act, 1948)

To

The Secretary,
Dental Council of India
Aiwan-E-Galib Marg,
New Delhi 110 002

Dated the _____

Sir,

I _____ hereby
apply for the transfer of my registration under Section 46A of the Dentists Act, 1948, from the State
Dentists Register of _____
to the State Dentists Register of _____
where I am at present practising.

2. The information necessary for transfer of registration is specified on the reverse.
3. The prescribed fee of ₹200/- (Rupees Two Hundred only) has been sent by Demand Draft to
you (vide D.D. No. _____ dated _____
issued by _____ (Name of Bank) in favour of
"Secretary, Dental Council of India" payable at New Delhi
4. An 'Original Clearance Certificate' from the Registrar of the State Dental Council of
_____ with which I am at present registered, to the effect
that all dues in respect of my registration with that Council have been paid up-to-date, is attached
herewith.
5. A copy of BDS Degree duly attested by the Gazetted Officer.
6. A copy of Final year Mark Sheet should be attested by the Gazetted Officer.
7. A copy of the Completion Certificate of Internship issued by the concerned Dental College.
8. A copy of Residential/Professional address proof for which the Transfer of Registration
is requested.
9. An original affidavit on the stamp paper of minimum ₹10/- duly notarized in case the name
has been changed after marriage.
10. All the certificates should be duly attested by the Gazetted Officer.

Yours faithfully,

Signature of the Applicant

Place _____

Name (In Capital _____)

(ON REVERSE OF THE APPLICATION FORM)

DENTAL COUNCIL OF INDIA

Particulars and information to be furnished by the applicant.

1. Name of the applicant in full (in capital letters)

2. Date of Birth

3. Nationality

4. Father's Name

5. Full current residential address

Phone No.

Email:

6. Full current professional address

Phone No.

7. Qualification entitling to registration under the Dentists Act, 1948

8. Name of the State Dental Council with which at present registered

9. Registration Number & Part 'A' or 'B'

10. Reason for transfer of registration

11. Whether the State Dental Council of

with which you are at present registered has any disciplinary proceedings pending against

you

Date

Place

Signature of the Applicant

(Certificate By The State Dental Council)

Name _____
&
Address _____
of the _____
State _____
Dental _____
Council _____

No. _____ Dated the _____

Certified that the aforesaid Dental Surgeon
named _____

Registration No. _____ Part _____ holds current and
valid registration with this Council and no disciplinary proceeding had
been taken or were in process against him on this date by this Council.

"He/She has cleared his/her dues up-to-date."

Dated _____

Registrar
(Signature with Rubber Stamp)

Transfer of Registration fee from one State Dental Council to another State Dental Council have been fixed Rs.200/- per annum w.e.f. 1.6.2008 as per the DCI Continuing Dental Education Regulation 2007.