BDS Registration Process Registration of Doctors through MP ONLINE

[Help Manual]

List of required documents

SNo	Document	Remark
1	Photo	
2	Signature	
3	High School Certificate/Mark Sheet	Showing date of birth
4	Higher Secondary Certificate/Mark Sheet	
5	Mark Sheet of B.D.S.	Upload single document for all marksheets
6	Paid rotatory Internship completion certificate	
7	Attempt certificate	
8	B.D.S. Degree	In case Degree is not granted by the University till today, then submit Provisional Degree Certificate
9	Domicile Certificate of Madhya Pradesh	
10	Character Certificate issued by the Dental College/Institute	
11	Declaration Form	(To follow the code of ethics regulation - 1976)
12	College recognition certificate from D.C.I./Ministry of Health & Family Welfare, Govt. of India/Copy of Gazette Notification.	
13	Affidavit	On Rs. 50/- Stamp paper (Non Judicial) duly Notarised
14	Photo ID & address proof	PAN Card, Aadhar Card, Voter ID, Driving License, Passport. (Any two)

1. MP ONLINE Link (https://dental.mponline.gov.in/dental/)



- 2. Open link under Doctor Registration
 - 2. BDS Registration (General)
 - 3. BDS Registration (Tatkal)

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	DENTAL Council		MP©nline Limited अत्य सामय कार्यकर कर परिष्ठ महराप्रदेश संदर्भार कर परिष्ठ	
	Doctor Registration Doctor Renewal	Others -	ALC: NO DECIDENT	
	» 26.3 Dental Mechanic/Hygienist Registration (General)	» 26.9 BDS Registration (Tatkal)		
	» 26.7 Additional Qualification Registration (General)	(Tatkal) > 26.1 BDS Registration (General)		
	» Paid/Unpaid Receipt	» 26.15 Additional Qualification Registration		
	» Edit Forms	(Tatkal)		
	• DM/DH Registration Circular Click Here		Enter Password	
	DENTAL REGISTRATION INFORMA	TION	Verification : 1 x 2 =	
	B.D.S. Degree (In case Degree is not		teresh	
	submit Provisional Degree Certificate w Judicial) paper duly notarized. Click He		Login	
	Dental Registration Circular Click Here		Forgot Password ?	
	Dental Renewal Circular Click Here			

3. Read the instruction before filling form

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\leftrightarrow \rightarrow C \square de	ntal.mponline.gov.in/Dental/RegistrationDe	ntal/FrmNewDental.aspx?IST=N	☆	Θ	:
	DENTAL Council	हिन्दी English Home MP©nlime_Limited माज्यप्रदेश सरकार का पीर्टल			
	Form of Applicatio	n for MADHYA PRADESH STATE tion 34 of the Dentists			
	All Fields Marked '-' Are Mandatory.	Fields marked with * are mandatory			
	Application Type	#File Size should be less than 200KB, Photo and Signature should be in jpg Format,Other			
	Personal Details	Document should be in jpg or jpeg or pdf.			
	Name *	NAM Please check your Details Before Submission			
	Father's Name •	FAT: SPOUSE'S NAME			
	Gender *	OM PLACE OF BIRTH			
	Date of Birth •	DD//			
	Nationality (Kindly give information in details) *	OIndian OOther			
Visitors online: 1	Whathar Citizon of India by	Operativity Operth	NA	ARMADA	A

- 4. Fill online form
 - 1. Fill required fields
 - 2. Upload necessary documents
 - 3. Submit

Personal Details					
Name *					
Father's Name *			Spouse Name		
Gender *	O Male	O Female	Place of birth *		
Date of Birth *			Date Of Birth In Words		
Nationality (Kindly give information in details) *		O Indian	O Other		
Whether Citizen of India by domicile/birth *		O Domicile	O Birth		
Voter Card No. Please Do not Enter Aadhar No.					
Present Address					
Address *					

State *						
District *						
Pin Code *						
Permanent Address						
\bigcirc Tick Here if P	ermanent Addre	ess is same	as	Present address		
Address *						
State *						
District *						
Pin Code *						
Contact Details	5					
Email ID *				one Number With D Code		
Mobile Number *						
Education Deta	ails					
Description of qualification of which registration is desire *				Name of the University *		
Institution through which appeared *				Whether final B.D.S. Degree has been received or not *	O Yes O No	
Date of attaining t qualification * (dd/MM/yyyy)	he					
Retention						
Retention For *		С	O One Year O Five Year			
Do You want to collect Certificate by Online or by Post *		C	O By Online OBy Post			
File Upload						
#File Size should be less than 200KB, Photo and Signature should be in jpg Format, Other Document should be in jpg or jpeg or pdf.						
Photo *		Ś	Signature *			
High School Certificate/Mark Sheet * Showing date of birth		Higher Secondary Certificate/Mark Sheet *				
Mark Sheet of B.D.S. * Upload single document for all marksheets				Paid rotatory Internship certificate *	o completion	
Attempt certificate *			 (B.D.S. Degree In case Degree is not granted by the University till today, then submit Provisional Degree Certificate		

Domicile Certificate of Madhya Pradesh *		Character Certificate issued by the Dental College/Institute *			
Declaration Form * (To follow the code of ethics regulation – 1976)		College recognition certificate from D.C.I./Ministry of Health & Family Welfare, Govt. of India/Copy of Gazette Notification. *			
Affidavit * On Rs. 50/- Stamp paper (Non Judicial) duly Notarised					
Photo ID & address proof * PAN Card, Aadhar Card, Voter ID, Driving License, Passport. (Any two)					
O I hereby declare that the details filled 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, If there is any change in my address or place of practice.					
	Subm	it			

- 5. After submitting the form pay required Fee and print receipt.
- 6. College level verification will be done at college level.
- 7. Approval from college.
- 8. Council level verification will be done at council level.