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)

| C 🔒 de | ental.mponline.gov.in/dental/ | | हिन्दी English Home | ☆ |
|--------|---|---|--|---|
| | 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 | | | |
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3. Read the instruction before filling form

| Dental Council | × + | | | 0 | x |
|--|--|--|----|--------|---|
| \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 * | | | |
|--|------|--|--|--|--|
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| 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.