

M.P. State Dental Council

(Statutory Body, Government of Madhya Pradesh)

Ph: 0731-2700105, 2701944, Website: www.mpstatedentalcouncil.com

E-mail: registrarmpsdc@gmail.com

APPLICATION FORM FOR PROVISIONAL REGISTRATION

To,

The Registrar
Madhya Pradesh State Dental Council
101, Royal House, 11/3, Ushaganj Main Road
Indore M.P.

Sir,

I hereby wish to apply for Provisional Registration as Intern Dentist. I request to enter my name, address & qualifications as stated below for doing compulsory Paid Rotatory Internship.

Prov. Regn. No. Prov.
(To be issued by the Council)

1. Name in full:
2. Date of Birth Birth Place Nationality
3. Father's Name
4. Mother's Name
5. Residential Address
.....
6. Qualification
7. College/Institution
8. Name of the University
9. Date and Year of passing of B.D.S. final year
Place/Date

Signature of the candidate

A. Documents required for Registration:-

Original & self attested photocopies of the following documents:

High School mark sheet (showing date of birth) 2. Higher Secondary mark sheet 3. B.D.S. mark sheets 1st to final year. 4. Proof of Domicile/Residence/Aadhar Card/Voter ID/Driving License/Passport/any other proof/Certificate issued by the concerned authority. 5. 2 passport size photos

B. Fee:- Rs. 700/- by Demand Draft only in favor of "Registrar M.P. State Dental Council" payable at Indore.

Certificate by the Head of the Institution

Certified that Mr/Ms has passed the B.D.S. Examination held in the month of 20..... from University with Enrollment No He/She will be provided with Internship training in our institution.

Place/Date

Signature of the Head of Institution with seal