

KERALA DENTAL COUNCIL
Application Form
Additional Qualification Registration

Passport size
photo signed
by applicant

1. Name of applicant :
(in block letters)

2. Registration No. :
and Date of Reg.

3. Permanent Address :
(in block letters)
.....
.....

4. Communication Addr.:
(in block letters)
.....
.....

5. Phone number :

6. E-mail address :

7. OCI Card Number :
(only for Overseas Citizens)

8. Qualification Details

a) Qualification to be :
Registered

b) Name of College :
studied

- c) Name of University :
& State
- d) Period of Study :
- e) Year of passing :

9. Details of fee remitted

(Since 'Online Payment Facility' is implemented, payments by way of DD, POS, Chalan will not be accepted.)

- a) Amount :
- b) Reference No. :
- c) Date of payment :

Declaration

I..... hereby declare that all the information furnished above are true to the best of my knowledge and belief. I will abide all the Rules, Regulations and directions made time to time by the Dental Council.

Place:

Signature

Date :

Name

Note: Instructions are available at the 'Information Desk' in the web site