

KERALA DENTAL COUNCIL
Application Form
Dental Hygienist Registration

Passport size
photo signed
by applicant

1. Name of applicant :
(in block letters)

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

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

4. Aadhar Number :

5. Phone number :

6. E-mail address :

7. Name of Father :

8. Name of Mother :

9. Date of Birth :

10. Gender : Male Female Transgender

11. Nationality and State :

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

13. Qualification Details

- a) Name of College studied :
- b) Name of University :
& State
- c) Period of Study :
- d) Year of passing :

14. Details of Registration with other State Dental Council

- a) Name of Council :
- b) Reg. Number :
- c) Date of Registration :
- d) Whether produced : Yes No
NOC from the Council

15. 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