

KERALA DENTAL COUNCIL

Application Form

Good Standing Certificate

1. Name of applicant :
(in block letters)
2. Registration No. & :
Date
3. Qualification :
4. Date of Birth :
5. Father's Name :
6. Nationality :
7. Permanent Address :
(in block letters)
.....
.....
8. Address for :
Communication
(in block letters)
.....
9. Phone number :
10. E-mail address :
11. E-mail address to :
send the Certificate
(if required)

12. Details of fee remitted

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

- a) Amount :
- b) Ref. 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.

Place:

Signature

Date:

Name

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