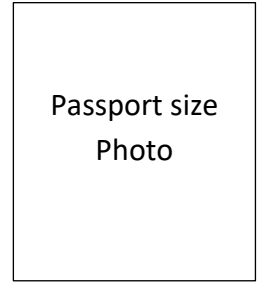


KERALA DENTAL COUNCIL

Application Form Identity Card



1. Name of applicant :
(in block letters)
2. Designation :
3. Registration No. :
4. Qualification :
5. Permanent Address :
(in block letters)
.....
*(If address is different from
the one mentioned in the
registration certificate,
kindly provide request
letter and address proof
along with this application
to add new address in the
register.)*
6. Communication Addr.:
(in block letters)
.....
.....
7. Aadhar Number :
8. Phone number :
9. E-mail address :

10. Blood Group :

11. Date of Birth :

12. Gender : Male Female Transgender

13. 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.

Place:

Signature

Date :

Name

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