

# KERALA DENTAL COUNCIL

Application Form

## No Objection Certificate

1. Name of applicant : .....  
(in block letters)
2. Registration No. & : .....  
Date
3. Date of Birth : .....
4. Father's Name : .....
5. Permanent Address : .....  
(in block letters)  
.....  
.....
6. Address for : .....  
Communication  
(in block letters)  
.....  
.....
7. Phone number : .....
8. E-mail address : .....
9. Name of transferee : .....  
Dental Council

10. 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**