

KERALA DENTAL COUNCIL

Application Form

Renewal of Registration

1. Name of applicant :
(in block letters)
2. Registration No. :
and Date of Reg.
3. Qualification :
4. Permanent Address :
(in block letters)
.....
.....
.....
5. Communication Addr.:
(in block letters)
.....
.....
6. Phone number :
7. E-mail address :
8. Gender : Male Female Transgender

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

Place:

Signature

Date :

Name

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