

# 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

- 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**