

KERALA DENTAL COUNCIL

Application Form

Duplicate Certificate

1. Name of applicant :
(in block letters)

2. Registration No. :
and Date of Reg.

3. Qualification :

4. Certificate Category : Registration of basic Qualification
(BDS, DM, DH, DORA)

Registration of additional Qualification

Renewal

5. Permanent Address :
(in block letters)

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6. Communication Addr.:
(in block letters)

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7. Phone number :

8. E-mail address :

9. Reason for applying :
Duplicate Certificate
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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