

**From – ....**  
**[See Rule .....]**

**Application for registration by Dental Operating Room Assistant who satisfies the prescribed requirements referred to in section 20 of the Dentists Act, 1948 (XVI of 1948)**

**To**  
**The Registrar,**  
**West Bengal Dental Council.**

Sir,

I beg to apply for registration of my name as a Dental Operating Room Assistant under section 20 of the Dentists Act, 1948 (XVI of 1948).

Particulars of myself are furnished below:-

- 1) Name in full (in block letter).....
- 2) Date of birth.....
- 3) Place of birth .....
- 4) Father's name .....
- 5) Nationality .....
- 6) Whether a citizen of India .....
- 7) Residential Address .....
- .....
- .....
- 8) Professional address, i.e., the place where engaged in practice as a Dental Operating Room Assistant .....
- .....
- .....
- 9) Employment if any .....
- 10) Particulars of the qualification (i.e. degree, diploma or certificate) with the date on which it was obtained and the authority which conferred it .....
- .....

**DECLARATION**

I, .....(applicant) hereby declare that the statements made above are correct. I further declare that I shall maintain the dignity and ethical standard of the profession in my practice as a Dental Operating Room Assistant.

I undertake that I shall forthwith intimate to the Registrar any change of my address or place of practice.

The degree, diploma or certificate of my qualification is submitted herewith which may be returned as soon as done with.

The prescribed fee for Rs.500/- is sent herewith.

Address .....

\_\_\_\_\_  
Signature of the applicant in full

Date .....