

From – A
(See Rule 3)

Application for registration by Dental Hygienist with recognized qualification

To
The Registrar,
West Bengal Dental Council.

Sir,

I beg to apply for registration of my name as a Dental Hygienist under section 37 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
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- 8) Professional address, i.e., the place where engaged in practice as a dental hygienist
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- 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
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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 Hygienist.

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

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

Address

Signature of the applicant in full

Date