

Form – A

[See Rule 3]

Application for registration by Dental Hygienist with recognised qualification

To

The Registrar

West Bengal Dental Council

PURTA BHAVAN, 3rd Floor, Room No.303,

DF-Block, Salt Lake, Sector-I,

Kolkata-700091.

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 about myself are furnished below:

1. Name in full (in BLOCK letters) _____
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 hygienist

9. Employment, if any _____

10. Particulars of the qualifications (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 Hygienist.

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

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

Address _____

Date _____

Signature of the applicant in full