

Form – C

[See Rule 4(2)]

Application for registration by Dental Mechanic who satisfies the prescribed requirements referred to in section 12 of the Dentists Act, 1948 (XVI of 1948)

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 Mechanic, under Section 38 of the Dentists Act, 1948 (16 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 mechanic

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 statement 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 Mechanic.

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 of Rs. 500/- is sent herewith.

Address _____

Date _____

Signature of the applicant in full