



# WEST BENGAL DENTAL COUNCIL

Purta Bhavan, 3<sup>rd</sup> Floor, Room No.303,  
DF-Block, Sector-I, Salt Lake City, Kolkata-700091.

## Application for No Objection Certificate

(u/s 46A of the Dentists Act 1948)

1. Name .....  
(First Name) (Middle Name) (Surname)
2. Father's Name (as registered) : .....
3. Date of Birth ..... 4. Sex : M  F  (Please put ✓ mark)
5. (a) Address (as registered) .....  
.....  
..... Pin Code .....
- (b) Address (where to be shifted) .....  
.....  
..... Pin Code .....
- (related documents must be submitted)
- (c) Applicant's Phone No. .... email .....
6. (a) Registration No. .... (b) Registration valid upto .....
7. Registration to be transfer in which State Dental Council .....
8. Reason for transfer of his/her Registration from West Bengal Dental Council to the above mentioned State Dental Council as per the section 46A of the Dentists Act 1948 :  
.....  
.....  
.....

9.

Affix recent  
passport size  
colour  
photograph  
(3.5cm x  
2.5cm)

*Specimen Signature of the Candidate*

10. **Verify** by the Registrar of the Council and to be approved by the Council.

I ..... hereby confirmed that the above particulars, photograph and signature are true.

\_\_\_\_\_  
Signature of the Applicant