

WEST BENGAL DENTAL COUNCIL

Application Form for Provisional Registration

For Office Use Only

Received Rs.500.00 in cash/DD/by cheque*
DD/Cheque to be drawn in favour of "The Registrar, West Bengal Dental Council"

Cash Receipt No. _____.

Date _____.

*Payable at per.

subject to realization Cashier/WBDC.

REQUIREMENTS

- Certificate from the Principal of the concerned Dental College, certifying passing of the BDS Exam and period of Internship with photograph and signature of the candidate, duly attested.
- Three copies of photograph, duly signed by the candidate on the front, of which one copy to be affixed on the application

Affix Passport size photograph preferably computerized duly signed by the candidate

To
The Registrar
West Bengal Dental Council.
Purta Bhavan, 3rd Floor, Room No.303,
Salt Lake, Sector-I,
Kolkata-700091.

THROUGH PROPER CHANNEL

Sir,
Please register my name provisionally under the DCI Notification No.DE-NEET(MDS)Admission-2021/3099-M dated the 29th November 2021 for the purpose of employment in a resident dental capacity (Compulsory Rotatory Paid Internship) for a period of 12 (Twelve) months in an approved Institution as per recommendation of the Principal, _____ (Name of Dental College) enclosed.

The prescribed fees of Rs.500.00 (Rupees Five hundred) only is being paid herewith

- 1) Name of the Institution _____
- 2) Name of the applicant (in block letters) _____
- 3) Date of birth _____
- 4) Father's name _____
- 5) Present Address _____

- 6) Permanent Address _____

- 7) Nationality _____
- 8) Telephone No. / Mobile No. _____
- 9) Email Id. _____
- 10) Blood Group _____

I solemnly declare that I will not carry on Private Practice on the basis of this Provisional Certificate.

Yours faithfully,

Kolkata,

Date

Signature of the applicant in full

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Provisional Registration No.	PR/WBDC/_____.
Date :	_____, 20_____.

This is a case of Provisional Registration. The candidate named _____, whose particulars have been given overleaf, passed Final BDS (West Bengal University of Health Sciences/.....) Examination in _____/20____ verified from the Principal's original certificate dated _____ recommending grant of Provisional Registration by attesting photograph and signature of the candidate.

Internship Training started on _____

Provisional Registration Certificate valid up to _____

For Order

Signature of the Dealing Assistant _____

Date _____

Order

Please register provisionally for the period mentioned above.

Registrar, WBDC _____

Date _____

Received

1) Provisional Registration Certificate (Registration No. _____) of _____ by self.

2) Provisional Registration Certificate (Registration No. _____) of _____ on his / her behalf on production of letter of authority.

(Strike out whichever is not necessary)

Date _____

Signature of the receiver in full