

## **Format of Affidavit**

I, ....., S/o or D/o....., date of birth..... by  
faith ....., by occupation Dentist residing at .....(address).

- 1) That I am a citizen of India.
  
- 2) That I have passed final B.D.S. examination in the year ..... from  
..... (name of college) under  
.....(name of University).
  
- 3) That I have successfully completed one year rotator internship at  
..... (name of college) from ...../...../..... to ...../...../.....  
(period of internship).
  
- 4) That presently I intend to register my name as a Dentist under sec, 34 of  
the Dentists Act, 1948 (XVI of 1948) under West Bengal Dental Council.
  
- 5) That I further affirm that previously I did not register my name as a  
dentist under any Dental Council of any State of India.

**\*\*\* (Affidavit must be done from 1<sup>st</sup> class magistrate)**

**\*\*\* (Affidavit to be made after completion of the verification from the concern  
College/University)**