

WEST BENGAL DENTAL COUNCIL

PURTA BHAVAN, 3RD FLOOR, ROOM NO. 303,
DF-BLOCK, SECTOR-I, SALT LAKE CITY,
KOLKATA-700091.

APPLICATION FOR ADDITION OF MDS QUALIFICATION

(to be filled in *Block Letters*)

1. Name
(First Name) (Middle Name) (Surname)

2. Father's Name : Mr. / Dr. / Late

3. Date of Birth 4. Sex : M F (Please put \surd mark)

5. (a) Address : (i) Permanent
..... Pin Code

(ii) Present
..... Pin Code

(b) Applicant's Phone No..... Mobile

(c) e-mail

6. (a) Registration No..... (b) Date of Admission

7. Details of Dental Qualification (s) :

Qualification and qualifying year	Name of the Dental College	Name of the University conferred degree / diploma

* Please refer to the registration Certificate issued by this Council.

8.

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

Specimen Signature of the Candidate

Signature of the Applicant