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HARYANA STATE DENTAL COUNCIL

Application Form for Registration of Dentist

(Under Section 34 of the Dentists Act, 1948, Indian Act, XVI of 1948)

(FOR OFFICE USE ONLY)

Regn. No. _____

Date of First Regn. _____

Despatch No. HDC-/201 _____

Dated : _____

To

The Registrar,
Haryana State Dental Council.
O/o Director General, Health Services, Haryana
Swasthya Bhawan, Sector-6,
Panchkula-134109.

Affix latest
passport size
photograph
duly attested

Sir,

I request that my name may kindly be registered under the Dentists Act, 1948, in Part A of the Register of Dentists for the State of Haryana and that I may be issued certificate of Registration. My particulars are as under **(PLEASE FILL IN BLOCK LETTERS ONLY)**

Particulars

1.

Sr.No.	Particulars	Details
1.	First Name	
2.	Middle Name	
3.	Last Name	
4.	Gender	
5.	Date of Birth (DD/MM/YYYY)	
6.	Birth Place	
7.	Nationality	
8.	PAN Number	
9.	Father's Name	
10.	Mother's Name	
11.	Residential Address (with Pin code)	
12.	Professional Address (with Pin code)	

13.	Mobile No.	
14.	E-mail Address	
15.	Tele. No. (with STD Code)	
16.	Fax Number (with STD Code)	
17.	Qualification for registration	
18.	BDS Degree Passing Date (Date of completion of Internship)	
19.	BDS Degree awarding College/Institution authority/University	
20.	BDS Degree Registration Date (for office use only)	
21.	PG Degree Passing Date	
22.	PG Degree Awarding College/Institution authority/University	
23.	PG Degree Registration Date	
24.	PG Speciality	
25.	Domicile Status (India/Foreign)	

2.

Details of previous registration (applicable for Transfer cases only)		
(i)	Name of Council to which originally registered	
(ii)	Registration No.	
(iii)	No. & date of Issue of NOC	
(iv)	Qualification	
(v)	Document in support of domicile of Haryana State.	

3.

Detail of Fee for Registration/Processing		
(i)	Demand Draft No.	
(ii)	Date of Issue	
(iii)	Amount of Draft	
(iv)	Issuing Branch with complete Address	

Declaration & Undertaking

- ✓ I declare that I am a citizen of India
- ✓ I agree that I will follow the rules of the Haryana State Dental Council which may be laid down for the guidance of Dentists from time to time.
- ✓ I solemnly pledge myself to devote my life to the cause of serving humanity in the field of dental care.
- ✓ I shall not use my dental knowledge contrary to the laws of humanity.
- ✓ I shall not permit consideration of religion, nationality, race, caste and creed, party politics or social standing to intervene in my duty towards my patient and the profession.
- ✓ I shall look after the dental health of my patients as my first consideration.
- ✓ I shall honour the secrets which are confided in me by my patients during the professional services.
- ✓ I shall deem it an honour to cherish a proper pride in my colleagues and shall not disparage them by my actions, deeds or words.
- ✓ I shall abide by the various provisions of the Act and desist from using a degree/diploma or any abbreviation indicating or implying a dental qualification, which is not in accordance with the definition of 'recognised dental qualification' as defined under clause (J) of section 2 of the Act.
- ✓ I shall not indulge in any activity which might bring discredit to the dental profession.

I have read through the above instructions and I certify on solemn affirmation that all particulars furnished by me in the form are true to the best of my knowledge, information and belief. It is also certified that the documents on the basis of which I am seeking registration, are genuine and if later on, found to be false I would be responsible for any Act of Omission and Commission.

Yours faithfully,

Dated _____

(Signature of applicant)

INSTRUCTIONS FOR REGISTRATION

- ✓ The applicant must himself/herself fill in all particulars given in the format.
- ✓ All particulars should be in neat legible hand in block letters.
- ✓ Candidates should note that their particulars entered in the application form must correspond exactly with their particulars mentioned in the University Mark sheets/Degrees.
- ✓ Registration/processing Fee must be submitted in the form of a demand draft only in favour of **Registrar, Haryana State Dental Council** payable at **Chandigarh/Panchkula**. Fee once paid will not be refunded in any case.
- ✓

DOCUMENTS REQUIRED FOR REGISTRATION OF BDS DOCTORS.

1. Copy of Matriculation Certificate depicting Date of Birth.
2. Copies of BDS 1st, 2nd, 3rd & 4th Year Detail Mark Sheets.
3. Copy of Internship Completion Certificate.
4. Copy of Provisional Degree from concerned University.
5. Copy of Character cum attempt certificate.
6. Copy of the Address Proof (Aadhar Card/Voter Card/Domicile Certificate/ Driving Licence/Ration Card.)
7. Certificate issued by College Authorities stating that the college is affiliated to _____ university vide letter No. _____ & recognized by Govt. of India/DCI letter No. _____ dated _____.
8. One attested Passport size **Coloured** photograph should be affixed on the application.
9. All the documents attached with the application form must be self attested or attested by Gazetted Officer.
10. All the documents should be sent to this office through **SPEED POST ONLY**.
11. Registration Fee on first entry - Re. 1200/-
Renewal Fee (optional @ 200/-per year) Rs. 1000/- (for 5 year)

Total - Rs. 2200/-

12. Self declaration on a plain paper **in the following format :-**

I, Dr. _____ S/o/D/o Sh. _____
R/o _____ age _____ years, do hereby solemnly affirm and declare as under:-

1. That I passed the BDS examination from _____ College on dated _____.
2. That the college is affiliated to _____ university vide letter No. _____ & recognized by Govt. of India/DCI letter No. _____ dated _____.
3. That I want to register myself with Haryana State Dental Council as Dentist under Part-I of Dentist Act 1948. I have not already been registered with any other Dental Council in India permanently & want to get myself registered in Haryana State for the first time. **(in case of first registration).**

OR

That previously I was registered with -----State Dental Council vide registration No..... dated..... Now I have been issued NOC by -----State Dental Council vide letter No..... dated..... in favour of Haryana State Dental Council. **(in case of already registered with any other Dental Council).**

4. That the documents submitted by me are genuine and if later on at any stage, found to be false or my basic & subsequent qualification do not match with the norms prescribed by DCI, then I would be liable for the same. My registration, if made, be erased from the register of the registered dentists in the State without notice and competent authority is free to take action against me in accordance with law.

Dated:

Signature of the Applicant

Verification:-

Verified that the contents of my above declaration are true and correct to the best of my knowledge & on belief and nothing has been concealed therein. In case of any concealment or misrepresentation, legal action would be taken against the culprits. Such action can be taken under section 182, Section 145 read with Section 417 and section 420, of Indian Penal Code as the case may be.

Dated:

Signature of the Applicant