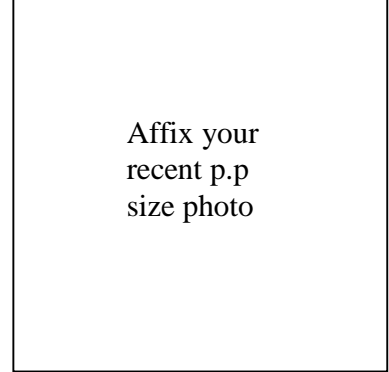


**TAMIL NADU DENTAL COUNCIL**  
**NO.216, Arihant Majestic Towers, (5-0-3)**  
**J N Salai, Koyambedu, Chennai- 600107.**  
**FORM OF APPLICATION FOR REGISTRATION OF DENTIST**

To  
The Registrar  
Tamil Nadu Dental Council  
CHENNAI – 600 107.

Sir,  
I request that my name may kindly be registered as dentist under The Dentists Act, 1948 and that I may be furnished with certificate of registration. All particulars required for the registration are given below.



- 1) Name (in BLOCK letters) :
- 2) Father's Name :
- 3) Mother's Name :
- 4) Date of birth :
- 5) Birth Place :
- 6) Gender : Male / Female
- 7) Nationality :
- 8) PAN Number :
- 9) Domicile Status : India / Foreign
- 10) Permanent residential address with PINCODE & district name :
  
- 11) Mobile No. :
- a) E-Mail ID :
- b) Landline No. :
- c) Aadhaar Number :
- d) Category : Gen / OBC / SC / ST / PHD / Other
- 12) Description of qualification for which registration is desired : **Bachelor of Dental Surgery**

- 13) Month & year of the final examination held :
- 14) Date of the completion of C R R I :
- 15) Name of the college through which appeared for the qualifying examination :
- 16) Name of the University which conferred the qualification with full address :
- 17) D.D. Details:  
 DD No. & Date :  
 Bank Name & Branch :

I hereby declare that I have read carefully and understood the instructions and that all entries made in this application are true to the best of my knowledge and belief.

I agree to abide by the ethical rules for dentists which may be laid down for the guidance of the registered dentists from time to time.

Yours faithfully,

Date :

Signature of the applicant

### INSTRUCTIONS

- 1) The applicant should come in person to the office.
- 2) All particulars of the application must be filled in by the applicant only in neat legible hand.
- 3) The name and particulars entered in this application must exactly correspond with the name and particulars of the applicant entered at the University or other examination.

### Documents to be submitted by the applicant along with the application form

- 1) Original & copy of the BDS provisional certificate – II issued by the University.
- 2) Original & copy of the CRRI completion certificate issued by the Dental College.
- 3) Original & copy of Transfer Certificate or copy of any certificate for nationality (Indian), date of birth & father's name issued by the competent authority.
- 4) Address proof in Tamil Nadu. (**Copy of Ration card, Voter id, Driving Licence, Passport & Aadhaar card**)
- 5) Two recent pass-port size photos. Fee : **Rs.1400** /- payment by DD favouring **Tamil Nadu Dental Council**, payable at Chennai(cash not accepted).
- 6) A self-addressed green cloth cover (10"x 12" size) with Rs. 50/- (within Chennai – Rs.40/-) Postal stamps.

Note :- All original certificates will be verified and returned to the applicant .

Received all my Original Certificates &  
Revised Dentists (Code of Ethics) Regulations, 2014

X

Received my Registration Certificate.

X

**SCHEDULE**  
**FORM OF DECLARATION**  
(see regulation 3)

1. I solemnly pledge myself to devote my life to the cause of serving humanity in the field of dental care;
2. I shall not use my dental knowledge contrary to the laws of humanity;
3. 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;
4. I shall look after the dental health of my patient as my first consideration;
5. I shall honour the secrets which are confided in me by my patients during the professional services;
6. I shall always maintain the honour and noble traditions of the dental profession;
7. 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;
8. I shall abide by the various provisions of the Act and desist from using a degree / diploma or an 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;
9. I shall not indulge in any activity which might bring discredit to the dental profession.

Date.....

Signature.....

Place .....

Name of Dentist.....

TNDC Regn No.....

State .....