Mob. No.	
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UTTAR PRADESH DENTAL COUNCIL

5, Sarvpalli, Mall Avenue Road, Lucknow

Application	on Form	for R	Regis	tratio	on wi	th U	.P. D	ental	Co	uncil									Ser	ial N	0.						
M.D.S.	Dentist		D.H.		D.M.		DORA		Dupl	icate											L						
For Of	fice us	e on	ly :								7											1 [
Registration Number :																											
Fee Receipt No.:																											
Fee Deposit										this box duly											duly						
Date: Day Month Year																			attested by principal of training centre								
Fee Amount (Rs.): Reg. No.: Seal & Sign. of attesting authority																											
Reg. No	D. :										J L		Sea	al & S	Sign.	of a	ttesti	ing a	utho	rity		JL					
Registered Under Part Gender (M/F):																											
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M.D.S. in Rotatory training College details (To be filled by the applicant applying for PERMANENT REGISTRATION)																											
Rotatory Internship Hospital name:																											
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INSTRUCTIONS

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1. Use Black/Bl	ue Ball per	n for filling up the form.	
2. Stick Coloure	ed passpor	t size photograph, do not staple or pin.	
Fill the form i	n English o	apital letter & number in English numeric character.	
	ıbbreviati	on as Dr., Sivi I., LATE, Kivi., Mr., Shiri, etc.	
		lease do not fold.	
6. Candidate p	resence i	s must.	
		List of Enclosures for Registration	
For Dentist of the St		1	
Attested cop	y of Attem	of certificate.	
Attested cop	y of Date o	f birth certificate (marksheet / certificate of high school)	
Attested cop	y of Interns	ship completion certificate.	
 Attested cop 	y of BDS	Marksheets (all years including fail marksheet)	ted by Principal of Dontal
	Photogra	ph & Signature in the box mentioned in the form and get it duly attest	led by Principal of Derital
College	04-4-		
For Dental from oth		retion of Derent council	
	y of Regis	tration of Parent council.	
	y of Date	of Birth certificate (marksheet / certificate of high school)	
3. Attested cop	y of intern	ship completion certificate (form B)	
		Degree & Marksheets (all years including fail marksheet)	
Attested cop	y of Attem	ot certificate.	
		n in the box only and get it duly attested by -	
a) P		Dental college	
F/ C	or	- name and designation of C.M.O. of the district where he / she is pro	acticing
0)5		g name and designation of C.M.O. of the district where he / she is pra	actioning.
0/0	OF	(First class magistrate) Special Secretary and above official	
		(First class magistrate), Special Secretary and above official.	
For duplicate Regis	tration		
1. Copy of F.I.R.			
2. Publication in Nev	ws Paper		
3. Affidavit		III III III First Oless Manistrata	
		ould be attested by First Class Magistrate.	
For registration of a			
		registration by U.P. Dental Council.	
		tional Qualification (P.G. Degree) Certificate.	
3. Affix photograph	& signatur	e in the box mentioned in the form and get it duly attested by Dean of	the College
Additional Quali	fication	forwarded by Dean	
			naccod in M.D.S. from
This is to certified	that Dr.	is declared	passed in M.D.S. from
University		, Dental College	
in MDS () and whose seat is registered by DCI,	
		Sign. of De	ean/Principal with seal
For Dental Hygie	enst/De	ntal Mechanic forwarded by HOD of respective depa	rtment
			NAME OF TAXABLE PARTY OF TAXABLE PARTY.
This is to certified	d that Mi	: (DM/DH) is d	eclared passed under
Notification no			
Notification no			
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		branch distribution from the annual content of the demands when word on the content of the	Sign. of HOD with seal
			right. Of FIOD With Sea
Fee for registration			
B.D.S.		 Rs. 2200/- (For candidates passing from U.P.) 	
		- Rs. 2300/- (For candidates passing from other state)	
M.D.S.		-Rs. 500/-	
Dental Hygienist	}	- Rs. 875/- (Rs. 900/- For candidates passed from other state)	
Dental Mechanic	1		
Duplicate Registrat	tion	-,Rs. 500/-	
N.O.C.		-Rs. 100/-	
Good Standing Cer	tificate	-Rs. 100/-	
Renewal Fee for B.		-Rs. 1000/- (For Five Years @ Rs. 200/- per year)	
Renewal Fee for DN		-Rs. 375/- (For Five Years @ Rs. 75/- per year)	
Restoration charge		-Rs. 10/-	