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## HARYANA STATE DENTAL COUNCIL

### Application Form for Provisional Dental Registration

(As per DCI letter No. DE-NEET (MDS) Admission-2021/3099-M dated 29.11.2021)

#### (FOR OFFICE USE ONLY)

Provisional Regn. No. \_\_\_\_\_

Date of Provisional Regn. \_\_\_\_\_

Despatch No. HDC-3/202 \_\_\_\_\_

Dated : \_\_\_\_\_

To

The Registrar,  
Haryana State Dental Council.  
S.C.O. - 408, SECTOR-20,  
Second Floor, Panchkula  
Pincode - 134117

Affix latest  
passport size  
photograph  
duly attested

Sir,

I request that my name may kindly be provisionally registered for undergoing rotatory internship in dental college under State of Haryana and I may be issued certificate of Provisional 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.	Aadhar Card Number	
10.	Father's Name	
11.	Mother's Name	
12.	Residential Address <b>(with Pin code)</b>	
13.	Professional Address <b>(with Pin code)</b>	
14.	Mobile No.	
15.	E-mail Address	
16.	Tele. No. <b>(with STD Code)</b>	
17.	Final Year Passing Date (Date of	

	completion)	
18.	Name of the College/Institution  authority/University	
19.	Domicile Status (India/Foreign)	
<b>2. Detail of Fee for Provisional Registration</b>		
(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 and other instructions of DCI.
- ✓ 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 this 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 provisional 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  
With name)

### **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 Board/University Mark sheets/Degrees.
- ✓ Registration Fee must be submitted in the form of a demand draft only in favour of **Registrar, Haryana State Dental Council** payable at **Chandigarh/Panchkula**.

**DOCUMENTS REQUIRED FOR PROVISIONAL REGISTRATION FOR UNDERGOING ROTATORY INTERNSHIP.**

1. Copy of Matriculation Certificate depicting Date of Birth.
2. Copies of BDS 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> & 4<sup>th</sup> Year Detail Mark Sheets.
3. Copy of the Address Proof (Aadhar Card/Voter Card/Domicile Certificate/ Driving Licence/Ration Card.)
4. 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 \_\_\_\_\_.
5. One attested Passport size **Coloured** photograph should be affixed on the application.
6. All the documents attached with the application form must be self attested or attested by Gazetted Officer.
7. Please send the completed application form alongwith all the relevant documents as mentioned. Incomplete application in any respect will not be entertained and fee so deposited therein would be forfeited.
8. All the documents should be sent to this office through **SPEED POST ONLY**.
9. Provisional Registration Fee - Re. 1000/-

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Total - Rs. 1000/-  
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**10. 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 am doing BDS degree course from \_\_\_\_\_ college in the session \_\_\_\_\_.
2. That I passed the 4<sup>th</sup> year BDS examination from \_\_\_\_\_ College on dated \_\_\_\_\_.
3. That the college is affiliated to \_\_\_\_\_ university vide letter No. \_\_\_\_\_ & recognized by Govt. of India/DCI letter No. \_\_\_\_\_ dated \_\_\_\_\_.
4. That I want to provisional register myself with Haryana State Dental Council for undergoing rotator internship as per DCI letter No. DE-NEET (MDS) Admission-2021/3099-M dated 29.11.2021.
5. That I have not already been provisional registered with any other Dental Council in India & want to get myself provisional registered in Haryana State for the first time.
6. 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 provisional 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

