

PUNJAB DENTAL COUNCIL

Medical Education Bhawan (3rd Floor), Sector-69, S.A.S.Nagar, Mohali-160062
Website: www.punjabdentalcouncil.com Email: punjabdentalcouncil@gmail.com Telephone No.0172-5197531

(To be filled in by the candidate)

PROVISIONAL REGISTRATION APPLICATION FORM

(For doing Compulsory Paid Rotatory Internship only)

To

The Registrar, Punjab Dental Council.

Sir,

I hereby wish to apply for **Provisional Registration as Intern Dentist**. I request to enter my name, address & qualifications as stated below for doing compulsory Paid Rotatory Internship:-

Prov. Regn.No. Prov. _____
(To be issued by the Council)

Name in full :
(In Block Letters only) _____

Date of Birth: _____ Birth Place: _____ Nationality: _____

Mobile No.: _____ E-mail Address : _____

Father's Name: _____

Mother's Name : _____

Residential Address: _____

Qualification: _____

College/ Institution _____

Name of the University _____

Date & year of passing of B.D.S. final year _____

Dated: _____

Signature of the Candidate

1. Documents required for Registration:-

Original & self-attested photocopies of the following documents:-

- Matric (Showing Date of Birth).
- Detail Marks Certificate of 1st Prof., 2nd Prof., 3rd Prof & Final Prof of B.D.S.
- Proof of Domicile/Residence of Punjab State /Aadhaar Card / Ration Card/Voter-I Card/ Driving Licence/Passport/any other proof/Certificate issued by the concerned authority.
- 2 Passport size photos.

Original testimonials will be returned after checking/comparison.

2. **Fee:- ₹ 1000 + Maintenance Fund : ₹100**

3. **Timing for submission of application form and payment of fee 9:00 A.M. to 1:00 P.M. and 2:00 P.M. to 3:00 P.M. on any working day.**

4. **Provisional Registration Certificate will be issued after 3 working days.**

ਕੇਵਲ ਦਫਤਰੀ ਵਰਤੋ ਲਈ (For Office Use Only)

ਡਾਇਰੀ ਨੰ _____ ਮਿਤੀ _____ ਰਸੀਦ ਨੰ _____ ਮਿਤੀ _____

➤ ਸਾਰੇ ਕਾਗਜ਼ ਮੁਕੰਮਲ ਅਤੇ ਦਰੁਸਤ ਹਨ। ਪ੍ਰਵਾਨ ਹੋਵੇ ਤਾਂ ਪ੍ਰੋਵੀਜ਼ਨਲ ਰਜਿਸਟਰੇਸ਼ਨ ਕਰ ਦਿੱਤੀ ਜਾਵੇ ਜੀ।

ਰਜਿਸਟਰਾਰ

ਸੁਪਰਡੈਂਟ

Self Declaration

I _____ S/O,D/O _____
R/O _____
_____, do hereby solemnly affirm and declare as under:-

- 1 That I have passed the Final year of my B.D.S. Course from _____ (College) and awarded Final Pass Certificate /D.M.C. by _____ (University) in the year _____, which is recognized by the Dental Council of India.
- 2 And my Compulsory Paid Rotatory Internship is going to be started on _____ from _____ (College).
- 3 I undertake that in case any of my Certificate relating to Matric and B.D.S. course onward is found incorrect / false, I will be responsible for that and will surrender my Original Provisional Registration Certificate to the Punjab Dental Council immediately. In that event my Provisional Registration be deemed as cancelled.
- 4 I certify that I was not involved in any court case or any legal proceedings are pending against me professionally or otherwise.

Signature of Declarant

Dated: _____