

KERALA DENTAL COUNCIL
Application Form
BDS Provisional Registration

Passport size
photo signed
by applicant

1. Name of applicant :
(in block letters)
2. Permanent Address :
(in block letters)
.....
.....
3. Communication Addr.:
(in block letters)
.....
.....
4. Aadhar Number :
5. Phone number :
6. E-mail address :
7. Name of Father :
8. Name of Mother :
9. Date of Birth :
10. Gender : Male Female Transgender
11. Nationality and State :

12. Qualification Details

- a) Name of College Studied :
- b) Name of University & State :
- c) Period of Study :
- d) Year of passing :

13. Name of transferee Dental college (if applicable) :

14. Details of fee remitted

(Since 'Online Payment Facility' is implemented, payments by way of DD, POS, Chalan will not be accepted.)

- a) Amount :
- b) Reference No. :
- c) Date of payment :

Declaration

I..... hereby declare that all the information furnished above are true to the best of my knowledge and belief. I will abide all the Rules, Regulations and directions made time to time by the Dental Council.

Place:

Signature

Date :

Name

Note: Instructions are available at the 'Information Desk' in the web site