

# KERALA DENTAL COUNCIL

Application Form

## Dental Operating Room Assistant 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. OCI Card Number : .....  
(only for Overseas Citizens)

13. Qualification Details

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

14. Details of Registration with other State Dental Council

- a) Name of Council : .....
- b) Reg. Number : .....
- c) Date of Registration : .....
- d) Whether produced : Yes  No   
NOC from the Council

15. 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**