

KERALA DENTAL COUNCIL
Application Form
Provisional No Objection Certificate

1. Name of applicant :
(in block letters)
2. Registration No. & :
Date
3. Date of Birth :
4. Father's Name :
5. Permanent Address :
(in block letters)
.....
.....
6. Address for :
Communication
(in block letters)
.....
.....
7. Phone number :
8. E-mail address :
9. College studied :
10. University and :
State

11. Preferred College :
for internship

12. University and :
State

13. 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.

Place:

Signature

Date:

Name

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