## **KERALA DENTAL COUNCIL**

## Application Form **Revised Certificate**

1.	Name of applicant (in block letters)	:		
2.	Registration No. and Date of Reg.	:		•
3.	Qualification	:		
4.	Certificate Category	:	Registration of basic Qualification (BDS, DM, DH, DORA)	
			Registration of additional Qualification	
			_	
			Renewal	
5.	Permanent Address (in block letters)	:		
	,			
6.	Communication Addr (in block letters)	r.:		
	(III block letters)			
7.	Phone number	:		
8.	E-mail address	:		

9.	Reason for applying : Revised Certificate		:			
				•••••		
10	. Detai	ils of fee remitte	ed			
		ce 'Online Payn an will not be a		-	s implemented, payments by way of DD, POS,	
	a)	Amount		:		
	b)	Reference No.		:		
	c)	Date of payme	ent	:		
				<u>De</u>	<u>eclaration</u>	
					hereby declare that all the the best of my knowledge and belief.	
Pla	ice:				Signature	
Da	te:				Name	

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