

**FORM D**  
**(Rule 64)**

**FORM OF APPLICATION FOR REGISTRATION OF DENTIST**

(Under Section 34 of the Dentists Act, 1948, Indian Act, X V I O f 1 9 4 8)

To,  
The Registrar,  
Maharashtra State Dental Council,  
Mumbai

Sir,

I have to request you to enter my name, address and qualification as stated below in Part 'A' of the Register of Dentists for the state of Maharashtra.

Registration fee of Rs.500/-(Rs. Five Hundred) only is sent herewith by Money Order/Demand Draft/Cash.

Name in Full (in block letter only): -----

Beginning with **Surname**.-----

Father's/Spouse's Name (in full): -----

Mother's Name (in full):-----

Place of Birth and Date:-----

Nationality (Kindly give information in details)

Whether Citizen of India: -----

Whether subject of foreign Govt. -----

Residential Address: -----

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Tel.No. & Mobile (if any): -----

E-mail:------

Fax No:------

Pan Card No:------

Aadhar Card No:------

Professional Address: -----

**QUALIFICATIONS**

Qualification of which registration is required: -----

Name of the University: -----

Date of Completion of Internship: -----

Institution through which appeared: -----

I have forwarded herewith **ATTESTED COPIES** of B.D.S. Certificate / Internship Completion Certificate by University / Nationality Certificate for your perusal.

Yours faithfully,

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(Signature)

Date: -----

P.T.O.

## **I N S T R U C T I O N S**

1. The applicant himself must fill in all particulars given above.
2. All particulars should be in neat legible hand.
3. Candidates should note that their names entered in the application must exactly correspond with their names in the University.
4. Xerox Copies of certificates attached to the application including Indian Nationality Certificate, B.D.S. Passing certificate and Completion of Internship Certificate must be got **ATTESTED BY GAZETTED OFFICER.**
5. Two Passport size **COLOUR** photographs should be attached to the application.

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(Signature)

### **F E E S   A C C E P T E D   O N L Y   B E T W E E N :**

**11.00 am.To2.00 pm.Monday To Friday**

(Excluding **S E C O N D** and **F O U R T H** Saturday and Holidays)

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**SCHEDULE  
FORM OF DECLARATION**

(see regulation 3)

- (i) I solemnly pledge myself to devote my life to the cause of serving humanity in the field of dental care;
- (ii) I shall not use my dental knowledge contrary to the laws of humanity;
- (iii) I shall not permit consideration of religion, nationality, race, caste and creed, party politics or social standing to intervene in my duty towards my patient and the profession;
- (iv) I shall look after the dental health of my patient as my first consideration;
- (v) I shall honour the secrets which are confided in me by my patients during the professional services;
- (vi) I shall always maintain the honour and noble traditions of the dental profession;
- (vii) I shall deem it an honour to cherish a proper pride in my colleagues and shall not disparage them by my actions, deeds or words;
- (viii) I shall abide by the various provisions of the Act and desist from using a degree/diploma or an abbreviation indicating or implying a dental qualification, which is not in accordance with the definition of 'recognised dental qualification' as defined under clause (j) of section 2 of the Act;
- (ix) I shall not indulge in any activity which might bring discredit to the dental profession.

Dated the \_\_\_\_\_

Place \_\_\_\_\_

Signature

Name of Dentist \_\_\_\_\_

Registration No. \_\_\_\_\_

State \_\_\_\_\_

[V-12025/7/73-MPT]

S. SRINIVASAN, Dy. Secy.

**CORRECTION**

" Action 44 of the Act" as printed at the end of Rule 8 (1) of these Regulations, is an apparent misprint for "Section 41 of the Act". The Govt. of India have since issued a corrigendum to this effect vide their corrigendum No. V. 12025/7/76-MPT, dated 31.1.77.