

Inspection Report of State Dental Council  
**APPLICATION FORM FOR REGISTRATION OF DENTAL X-RAY  
UNIT**

*(Enclose photocopies of all requisite documents)*

\*\*\*\*\*

1. Name of the X-ray Unit :  
\_\_\_\_\_
  
2. Name of the Dental Surgeon/ Radiologist/ X-ray Technician :  
\_\_\_\_\_
  
3. State Dental Council Regn. No. as Dentist :  
\_\_\_\_\_
  
4. Qualification:-  
Year of passing B.D.S (If applicable) :  
\_\_\_\_\_  
Year of Passing M.D.S. (If applicable) :  
\_\_\_\_\_  
Year of passing of radiology course :  
\_\_\_\_\_
  
5. Residential Address :  
\_\_\_\_\_
  
6. Address of the Lab :  
\_\_\_\_\_
  
7. Owned/Rented ( enclosed Rented Deed if rented) :  
\_\_\_\_\_
  
8. Telephone Nos:

a). Residential \_\_\_\_\_ b) Clinic \_\_\_\_\_  
c) Mobile \_\_\_\_\_

9. Working Hours :  
\_\_\_\_\_
10. Description of X-ray Establishment :  
\_\_\_\_\_
11. Main Operatory :  
\_\_\_\_\_
12. Capacity of the X-ray Unit :  
\_\_\_\_\_
13. Waiting room :  
\_\_\_\_\_
14. List of Equipments :  
\_\_\_\_\_
15. List of Instruments :  
\_\_\_\_\_
16. List of materials :  
\_\_\_\_\_
17. Auxiliary staff with name :  
\_\_\_\_\_
18. Pollution Certificate if applicable :  
\_\_\_\_\_
19. Registration Certificate of State Labour Department if applicable.

## **DECLARATION**

The information given by me in this form and enclosures is true and correct to the best of my knowledge and I have not concealed or misrepresented any facts. In the event of anything found false I undertake that I shall be personally responsible for the consequences whatsoever.

**Signature of Applicant**