

**APPLICATION FORM FOR REGISTRATION OF DENTAL
CLINICS / ESTABLISHMENTS**

(Enclose photocopies of all requisite documents)

Space for
Photograph

1. Name of the clinic :

2. Name of the Dentist :

3. State Dental Council Regn. No. :

4. Qualification :

Year of passing B.D.S :

Year of Passing M.D.S. :

5. Residential Address :

6. Clinical Address: :

7. Owned/Rented (enclosed Rented Deed if rented) :

8. Telephone Nos:
a) Residential _____ b) Clinic _____ c)
Mobile _____
9. Consultation Hours :

10. Description of Clinic :

11. Main Operatory :

12. Waiting room :

13. List of Equipments :

14. List of Instruments :

15. List of materials :

16. Auxiliary staff with name :

17. Pollution Certificate if applicable :

18. 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 the Applicant