

Application Form for Renewal of Registration of Dentist

To

The Registrar,
Haryana State Dental Council.
O/o Director General, Health Services, Haryana
Swasthya Bhawan, Sector-6,
Panchkula-134109.

Sir,

I request that my Registration may kindly be renewed as per the particulars given below **(PLEASE FILL IN BLOCK LETTERS ONLY)**

Particulars

1.

Sr.No.	Particulars	Details
1.	Registration No.	
2.	Date of First Registration	
3.	First Name	
4.	Middle Name	
5.	Last Name	
6.	Gender	
7.	Date of Birth (DD/MM/YYYY)	
8.	Birth Place	
9.	Nationality	
10.	PAN Number	
11.	Aadhar Card Number	
12.	Father's Name	
13.	Mother's Name	
14.	Residential Address (with Pin code)	
15.	Professional Address (with Pin code)	
16.	Mobile No.	
17.	E-mail Address	
18.	Tele. No. (with STD Code)	
19.	Fax Number (with STD Code)	
20.	Qualification for registration	
21.	BDS Degree Passing Date	
22.	BDS Degree awarding College/Institution authority/University	

23.	BDS Degree Registration Date	
24.	PG Degree Passing Date	
25.	PG Degree Awarding College/Institution authority/University	
26.	PG Degree Registration Date	
27.	PG Speciality	
28.	Domicile Status (India/Foreign)	
29.	Date of Last Renewal	
30.	Validity of renewal	

2.

Detail of Fee for Registration		
(i)	Demand Draft No.	
(ii)	Date of Issue	
(iii)	Amount of Draft	
(iv)	Issuing Branch with complete Address	

Yours faithfully,

Dated _____

(Signature of applicant)

INSTRUCTIONS FOR RENEWAL

1. Renewal Fee @ 200/-per year (maximum of 5 years i.e. Rs. 1000/-). In case the registration is not renewed till 31st March, a penalty of Rs. 500/- per year will have to be paid in addition to regular renewal fee of Rs. 200/-
2. Copy of the last Renewal.
3. Renewal Fee must be submitted in the form of a demand draft only in favour of **Registrar, Haryana State Dental Council** payable at **Chandigarh/Panchkula**.
4. Please send the completed application alongwith all the relevant documents as mentioned. Incomplete application in any respect will not be entertained and fee so deposited therein would be forfeited.
5. All the documents should be sent to this office through **SPEED POST ONLY**.
6. Self declaration on a plain paper **in the following format :-**

I, Dr. _____ S/o Sh. _____ R/o _____,
do hereby solemnly affirm and declare as under:-

1. That I was is registered with Haryana State Dental Council vide registration No. HN _____-A, dated _____
2. That my registration was valid upto _____
3. That I could not renew my registration within the stipulated period due to domestic problem. (Wherever applicable)
4. That now I want to renew my registration from 1st January, 201__ to 31st December, 201__.
5. That no case of malpractice was registered against me anywhere in India during the aforesaid period.
6. That the documents submitted by me are genuine and if later on at any stage, found to be false or my basic & subsequent qualification do not match with the norms prescribed by DCI, then I would be liable for the same. My registration, if made, be erased from the register of the registered dentists in the State without notice and competent authority is free to take action against me in accordance with law.

Dated:

Signature of the Applicant

Verification:-

Verified that the contents of my above declaration are true and correct to the best of my knowledge & on belief and nothing has been concealed therein. In case of any concealment or misrepresentation, legal action would be taken against the culprits. Such action can be taken under section 182, Section 145 read with Section 417 and section 420, of Indian Penal Code as the case may be.

Dated:

Signature of the Applicant

Phone No. 0172-6627500, 6627530 Ext. 110, 114

Email: hrystatedentalcouncil@gmail.com

Website: www.hsdc.org.in

HARYANA STATE DENTAL COUNCIL

Application Form for Registration of Dentist

(Under Section 34 of the Dentists Act, 1948, Indian Act, XVI of 1948)

LIFE CERTIFICATE

(To be submitted by Dental Practitioner once a year in January)

Certified that I have seen Dr.

_____ and his/her

Birth Date is ___/___/19____ holder of Certificate of Registration

under the Dentists Act, 1948 (XVI of 1948) No. _____ and

that he/she is alive on this date.

Name & Signature of the Gazetted Officer _____

Seal:

Place:

Date :

Affix recent
attested
photograph (3.5
cm x 2.5 c.m.)

Signature of the
Applicant