

**APPLICATION FOR PROVISIONAL REGISTRATION**  
**(For doing Compulsory Paid Rotatory Internship only)**

To,

The Registrar,  
Himachal Pradesh State Dental council  
O/O Directorate of Dental Health Services,  
Swasthya Sadan, Block No-6, SDA Complex, Kasumti,  
Shimla, HP-171009, INDIA

**Subject: Application for Provisional Registration as Intern Dentist**

Sir,

I ..... wish to apply for the **Provisional Registration as Intern Dentist** and enter my name, address & qualification for doing compulsory Paid Rotatory Internship:

The attested copy of following documents/requirements is enclosed along with:

1. 2 Passport Size Photograph
2. Matriculation Certificate (Date of Birth)
3. BDS mark sheet(1<sup>st</sup>,2<sup>nd</sup>,3<sup>rd</sup> and Final Year)
4. Bonafide Himachali
5. Proof of Residence (Aadhar Card/ Voter Card/ Driving Liscence)
6. Provisional Reg Fee (Rs 1000/- for detail Check website :[www.hpsdc.org.in](http://www.hpsdc.org.in))

**Kindly note all the documents should be attested by Principal of the concerned Dental College.**

---

(Signature of Applicant)

**Certificate by the Head of the Institution**

Certified that Dr..... has passed the B.D.S. Examination held in the month ..... of 20..... from.....university with Register No./  
Enrollment No..... He/ She will be provided with internship training in our institution.

**(Signature of the Head of the institution with seal)**

### **Self Declaration**

I \_\_\_\_\_ S/O,D/O \_\_\_\_\_  
R/O \_\_\_\_\_

\_\_\_\_\_, do hereby solemnly affirm and declare as under:-

- 1 That I have passed the Final year of my B.D.S. Course from \_\_\_\_\_ (College) and awarded Final Pass Certificate /D.M.C. by \_\_\_\_\_ (University) in the year \_\_\_\_\_, which is recognized by the Dental Council of India.
- 2 And my Compulsory Paid Rotatory Internship is going to be started on \_\_\_\_\_ from \_\_\_\_\_ (College).
- 3 I undertake that in case any of my Certificates submitted by me are found incorrect / false, I will be responsible for that and will surrender my Provisional Registration Certificate to Himachal Pradesh State Dental Council immediately. In that event my Provisional Registration be deemed as cancelled.
- 4 I certify that I was not involved in any court case or any legal proceedings are pending against me professionally or otherwise.

Dated:

-----  
(Signature of Applicant)

