

FORM III
APPLICATION FOR REGISTRATION
[See rule8 (1)]

To,

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

Subject: Application for Registration as Dentist/Dental Hygienist/Dental Mechanic

Sir,

I
beg to apply for the registration as a Dentist/Dental Hygienist/Dental Mechanic and forwarded
herewith in original the degree/certificates entitling me for registration. The original
degree/certificate may be returned when no longer required.

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

1. Attested Photographs (4 Passport size)
2. Matriculation Certificate(Date of Birth)
3. Final BDS mark sheet
4. Internship Certificate
5. BDS Degree/Certificate of Dental Hygienist/Dental Mechanic
6. Domicile Certificate
7. Proof of Residence
8. Pan Card
9. Category

Yours faithfully

Signature.....

Name.....

Address.....

.....

.....

Contact Number.....

Encl; As above