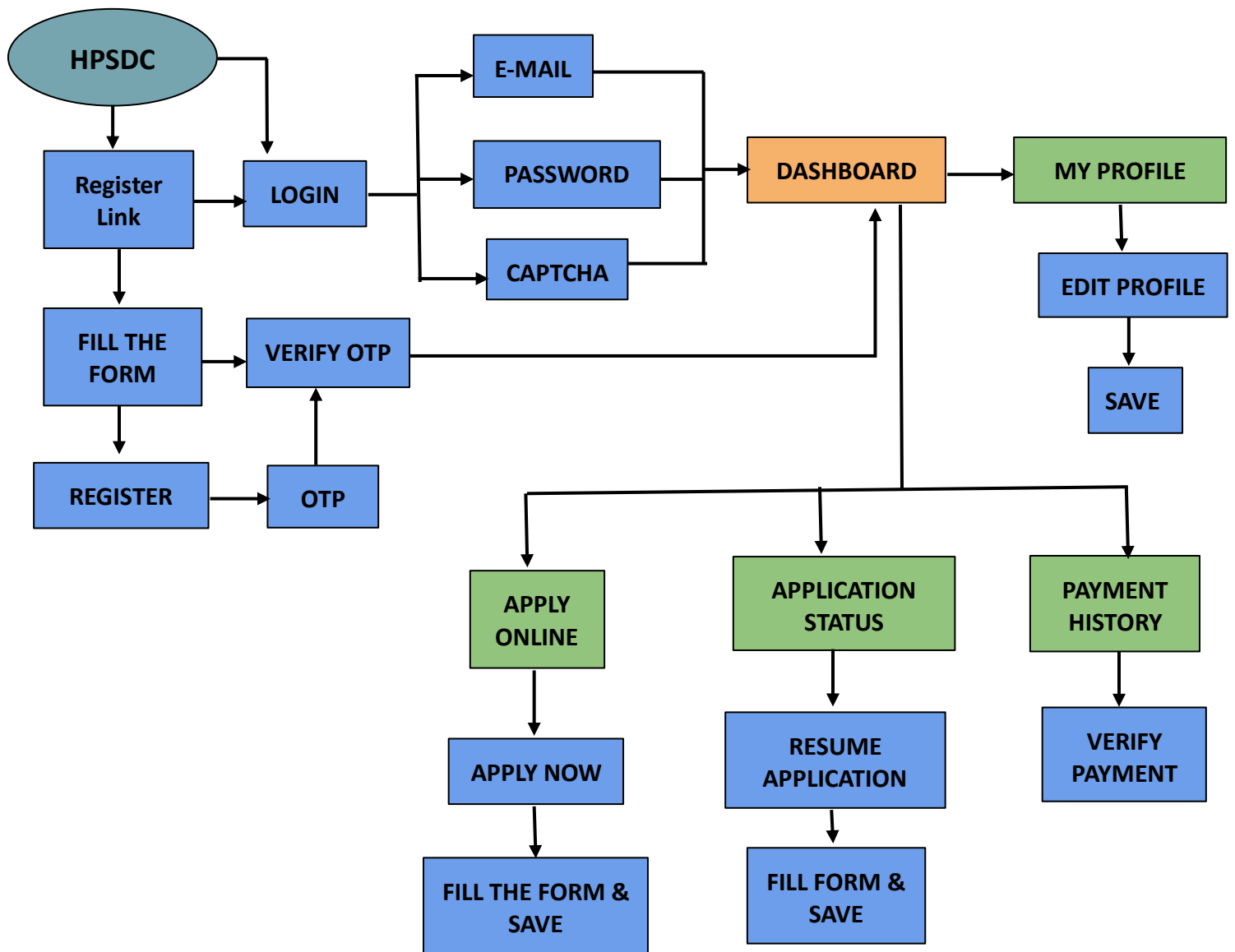


H.P STATE DENTAL COUNCIL



DATA FLOW DIAGRAM OF (H.P.S.D.C)



H.P STATE DENTAL COUNCIL

USER MANUAL FOR THE DEPARTMENT OF H.P.S.D.C



FOR USER MODULE

COMPLIED BY: -


H.P STATE DENTAL COUNCIL

DEVELOPED BY: -

VERITOS INFOSOLUTION PVT.LTD

USER LOGIN: - You Can Login through **hpsdc.in** portal. You can create a profile on the web portal and login with a valid e-mail, password, and captcha. A user can apply online for **New Registration, Renewal of Registration, Provisional Registration, Duplicate Registration Certificate, Smart card, Additional qualification, Objection certificate,** etc., through this web portal.

Step 1: - If you do not have an account, click the link below as shown in the picture to register.


 **Himachal Pradesh
State Dental Council**


Dentist Registration & Renewal System

User Login

Email ID

Password


Captcha Code 

[Don't have an account ?
Click Here to Register](#) 

[Forgot Password ?
Click Here to Restore](#)

Contact our support team on 0177-2808910 for technical support.
Working hours 10am to 5pm (Monday - Friday)



Step 2: - The following type of screen appears after clicking the **“Register Link”**.



Himachal Pradesh State Dental Council

Dentist Registration & Renewal System

Not Registered ? Enter Following Details For Registration


| | |
|-----------------------------|--|
| Name | <input type="text" value="Enter User Name"/> |
| Father's Name | <input type="text" value="Enter Father Name"/> |
| Email ID | <input type="text" value="Enter Email ID"/> |
| Mobile No | <input type="text" value="Enter Mobile No"/> |
| Date of Birth | <input type="text" value="mm/dd/yyyy"/>  |
| Create Your Login Password | <input type="text" value="Create Password (Min 6,Max 10 Char)"/> |
| Confirm Your Login Password | <input type="text" value="Create Password (Min 6,Max 10 Char)"/> |
| Captcha Code | <input type="text" value="Enter Captch:"/>  <input type="button" value="Refresh"/> |

Please Remember Password For Future Login

[Already Registered ?
Click Here to login](#)

[Forgot Password ?
Click Here to Restore](#)



Step3: - Fill out the form and click on **“Register”** button.



Himachal Pradesh State Dental Council

Dentist Registration & Renewal System


Not Registered ? Enter Following Details For Registration

| | |
|-----------------------------|--|
| Name | <input type="text" value="Enter User Name"/> |
| Father's Name | <input type="text" value="Enter Father Name"/> |
| Email ID | <input type="text" value="Enter Email ID"/> |
| Mobile No | <input type="text" value="Enter Mobile No"/> |
| Date of Birth | <input type="text" value="mm/dd/yyyy"/>  |
| Create Your Login Password | <input type="text" value="Create Password (Min 6,Max 10 Char)"/> |
| Confirm Your Login Password | <input type="text" value="Create Password (Min 6,Max 10 Char)"/> |
| Captcha Code | <input type="text" value="Enter Captch:"/>  <input type="button" value="Refresh"/> |

Please Remember Password For Future Login

[Already Registered ?
Click Here to login](#)

[Forgot Password ?
Click Here to Restore](#)



Step4: - The **“OTP Verification”** screen appears after clicking on the register button.

Himachal Pradesh State Dental Council

Dentist Registration & Renewal System

OTP Verification

Enter OTP Received On
Registered E-Mail/Mobile No 700990XXXX

[Click Here To Go Back](#)

Step 5: - You will receive an OTP on your registered phone number or e-mail address and enter the OTP and click on **“Verify OTP”** button.

Himachal Pradesh State Dental Council

Dentist Registration & Renewal System

OTP Verification

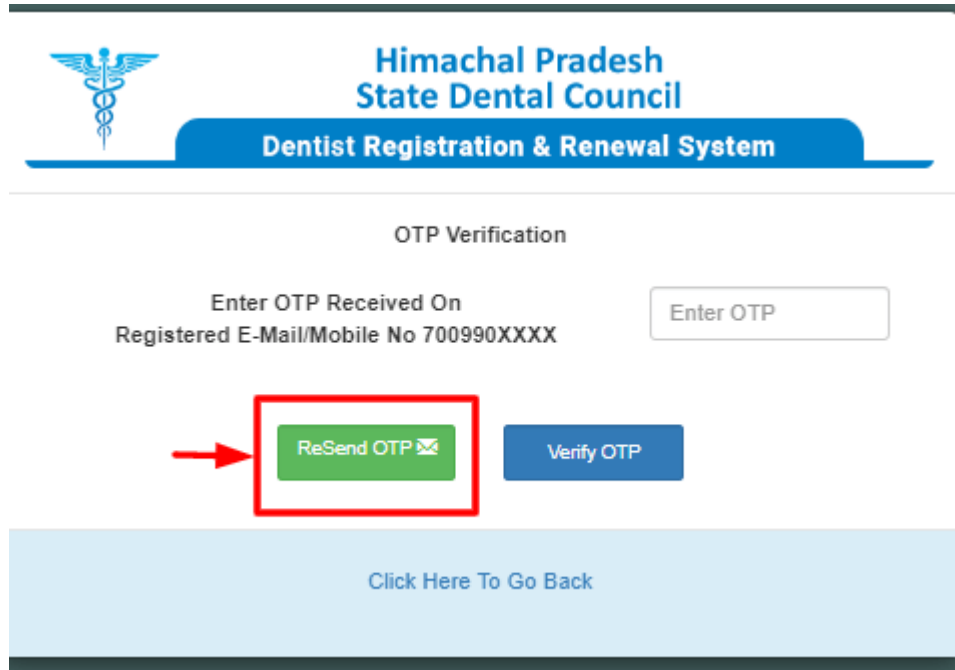
Enter OTP Received On
Registered E-Mail/Mobile No 700990XXXX

[ReSend OTP](#)

[Verify OTP](#)

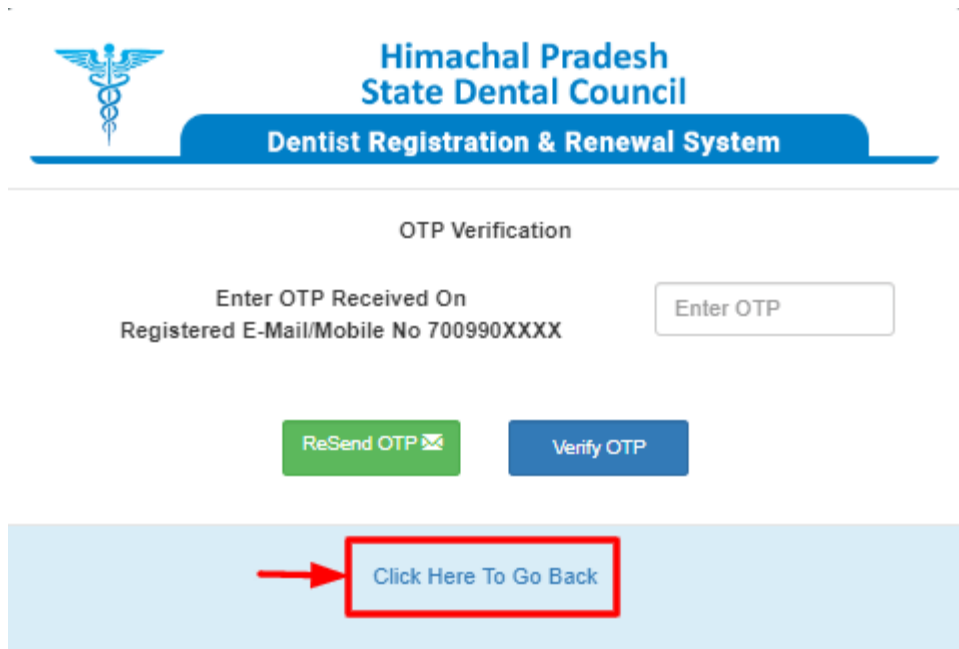
[Click Here To Go Back](#)

Step 6: - If you don't get the OTP, click on the **“Resend OTP”** button and you will receive it via email or phone.



The screenshot displays the OTP Verification interface for the Himachal Pradesh State Dental Council. At the top, the council's logo and name are visible, along with the title "Dentist Registration & Renewal System". The main heading is "OTP Verification". Below this, there is a text prompt: "Enter OTP Received On Registered E-Mail/Mobile No 700990XXXX". To the right of this prompt is an input field labeled "Enter OTP". Below the input field, there are two buttons: a green "ReSend OTP" button with an envelope icon, and a blue "Verify OTP" button. A red arrow points to the "ReSend OTP" button, which is also enclosed in a red rectangular box. At the bottom of the page, there is a light blue footer area with the text "Click Here To Go Back".

Step 7: - Click the **“Go Back”** button to return to the registration form.



The screenshot displays the 'OTP Verification' section of the Himachal Pradesh State Dental Council's Dentist Registration & Renewal System. At the top left is the council's logo, a caduceus. The header includes the council's name and the system title. Below this, the 'OTP Verification' section contains a form with the following elements:

- A label: "Enter OTP Received On Registered E-Mail/Mobile No 700990XXXX"
- An input field: "Enter OTP"
- A green button: "ReSend OTP" with an envelope icon
- A blue button: "Verify OTP"
- A light blue footer area containing a button: "Click Here To Go Back", which is highlighted with a red rectangular box and a red arrow pointing to it from the left.


Step8: - If user have registered already then, the user has to fill the **“Username, Password, and Captcha”** and then click on the **“LOGIN”** button.

Himachal Pradesh State Dental Council
Dentist Registration & Renewal System

Welcome to H.P.S.D.C Registration & Renewal System

Email ID

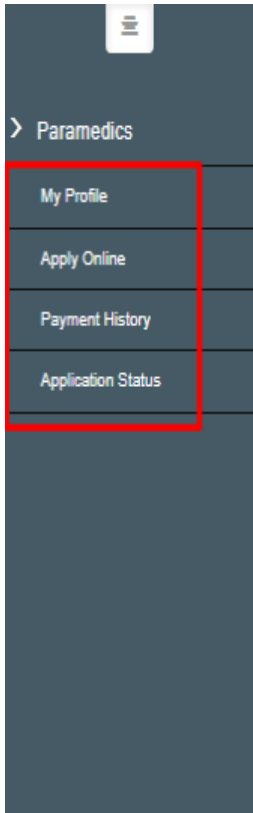
Password

Captcha Code 

[Don't have an account ?
Click Here to Register](#) [Forgot Password ?
Click Here to Restore](#)

Contact our support team on 0177-2808910 for technical support.
Working hours 10am to 5pm (Monday - Friday)

Step9: -The dashboard will appear after you click the "**LOGIN**" button. There are different menu options on the Dashboard, including "**My Profile, Apply Online, Application Status, Payment History**".



Welcome to HPSCD web portal

Step 10: - My profile screen appears after clicking on the **“My Profile”** tab.

Home / Paramedics / My Profile

Hi AMARJIT KAUR

हिमाचल प्रदेश राज्य दंत परिषद्
Himachal Pradesh State Dental Council

Update Profile

| | | | | | |
|----------------------|---------------------------|---|----------------------|--------------------|------|
| Name * | Dr. AMARJIT KAUR | Type * | Dentist | Gender * | Male |
| Father's Name * | AV SINGH | Mother's name * | Enter Mother's Name | | |
| Date of Birth * | 08/02/1998 | Place of Birth * | Enter Place of Birth | | |
| ID Proof * | Aadhaar Card | ID Proof No * | Enter ID Proof No | | |
| Pan Card No * | Enter Pan Card No | Category | General | | |
| Alternate Email Id * | amarjit.verilos@gmail.com | Alternate Mobile No. * | 9055512160 | | |
| Permanent Address * | Enter Address Line 1 | Correspondence Address <input type="checkbox"/> | Enter Address Line 1 | | |
| | Enter Address Line 2 | Same as permanent address | Enter Address Line 2 | | |
| | Select Country | Select State | Select Country | Select State | |
| | Select City | Select District | Select City | Select District | |
| | Select Tehsil | Select Post Office | Select Tehsil | Select Post Office | |
| | Enter Pin code | | Enter Pin code | | |

Step 11: - You can edit your profile after my profile screen appears. Click on **“Edit Profile”** button.

Home / Paramedics / My Profile

HI AMARJIT KAUR

हिमाचल प्रदेश राज्य दंत परिषद्
Himachal Pradesh State Dental Council

Dr. VERITOS

02-Aug-1998
9023891509
amarjit.veritos@gmail.com

Father's Name : AV SINGH
Mother's Name : MANJEET KAUR
Gender : FeMale

ID Proof : Aadhaar Card ID Proof No : 9080908090

Qualifications

| Year of Passing | State | University | College |
|-----------------|-------|------------|---------|
|-----------------|-------|------------|---------|

Registration Detail

| Registration No | First Registration Date | Valid Upto Date |
|-----------------|-------------------------|-----------------|
|-----------------|-------------------------|-----------------|

[Edit Profile](#)

Step 12: - The **“Update Profile”** screen appears after clicking the edit profile button.

Himachal Pradesh State Dental Council View Profile

Update Profile

| | | | | | |
|------------------------|---|---|---|---|-------------------------------------|
| Name * | <input type="text" value="Dr. VERTODS"/> | Type * | <input type="text" value="Dentist"/> | Gender * | <input type="text" value="Female"/> |
| Father's Name * | <input type="text" value="AJI SINGH"/> | Mother's name * | <input type="text" value="MANJEET KAUR"/> | | |
| Date of Birth * | <input type="text" value="08/02/1988"/> | Place of Birth * | <input type="text" value="23/06/1988"/> | | |
| ID Proof * | <input type="text" value="Aadhaar Card"/> | ID Proof No. * | <input type="text" value="908088050"/> | | |
| Pan Card No. * | <input type="text" value="12345678"/> | Category | <input type="text" value="General"/> | | |
| Alternate Email Id * | <input type="text" value="aman@vertods@gmail.com"/> | Alternate Mobile No. * | <input type="text" value="9023891509"/> | | |
| Permanent Address * | <input type="text" value="RAJPURA"/> | Correspondence Address * <small>(Same as permanent address)</small> | <input type="text" value="RAJPURA"/> | | |
| | <input type="text" value="RBPURA"/> | <input type="text" value="RBPURA"/> | <input type="text" value="RBPURA"/> | | |
| | <input type="text" value="India"/> | <input type="text" value="PUNJAB"/> | <input type="text" value="India"/> | <input type="text" value="PUNJAB"/> | |
| | <input type="text" value="MCHALI"/> | <input type="text" value="MCHALI"/> | <input type="text" value="MCHALI"/> | <input type="text" value="MCHALI"/> | |
| | <input type="text" value="RAJPURA"/> | <input type="text" value="MCHALI"/> | <input type="text" value="RAJPURA"/> | <input type="text" value="Select Post Office"/> | |
| | <input type="text" value="140401"/> | <input type="text" value="140401"/> | <input type="text" value="140401"/> | | |
| Upload Profile Picture | <input type="button" value="Choose File"/> No file chosen | Upload signature | <input type="button" value="Choose File"/> No file chosen | | |

(Note : Upload only .jpeg or .png file of Max 100 KB)

By Clicking on "Save", you will confirm that you have provided correct information.

Step 13: - Fill out the Form, then click on "Save" button.

Update Profile

| | | | | | |
|----------------------|---|--|---|----------|--------|
| Name * | Dr. <input type="text" value="VERITOS"/> | Type * | Dentist | Gender * | Female |
| Father's Name * | <input type="text" value="AV SINGH"/> | Mother's name * | <input type="text" value="MANJEET KAUR"/> | | |
| Date of Birth * | <input type="text" value="09/02/1996"/> | Place of Birth * | <input type="text" value="23/06/1996"/> | | |
| ID Proof * | <input type="text" value="Aadhaar Card"/> | ID Proof No * | <input type="text" value="9080908090"/> | | |
| Pen Card No * | <input type="text" value="12345678"/> | Category | <input type="text" value="General"/> | | |
| Alternate Email id * | <input type="text" value="aman@l.veritos@gmail.com"/> | Alternate Mobile No. * | <input type="text" value="9023891509"/> | | |
| Permanent Address * | <input type="text" value="RAJPURA"/> | Correspondence Address* <input type="checkbox"/> Same as permanent address | <input type="text" value="RAJPURA"/> | | |
| | <input type="text" value="rajpura"/> | | <input type="text" value="rajpura"/> | | |
| | <input type="text" value="India"/> | <input type="text" value="PUNJAB"/> | <input type="text" value="India"/> | | |
| | <input type="text" value="MOHALI"/> | <input type="text" value="MOHALI"/> | <input type="text" value="MOHALI"/> | | |
| | <input type="text" value="RAJPURA"/> | <input type="text" value="MOHALI"/> | <input type="text" value="RAJPURA"/> | | |
| | <input type="text" value="140401"/> | | <input type="text" value="140401"/> | | |

Upload Profile Picture

No file chosen



(Note : Upload only .jpg or .png file of Max 100 KB)

Upload Signature

No file chosen




(Note : Upload only .jpg or .png file of Max 100 KB)



By Clicking on "Save", you will confirm that you have provided correct information.

Step 14: - Once you have edited and saved your profile, you can view it by clicking the **“View Profile”** button.

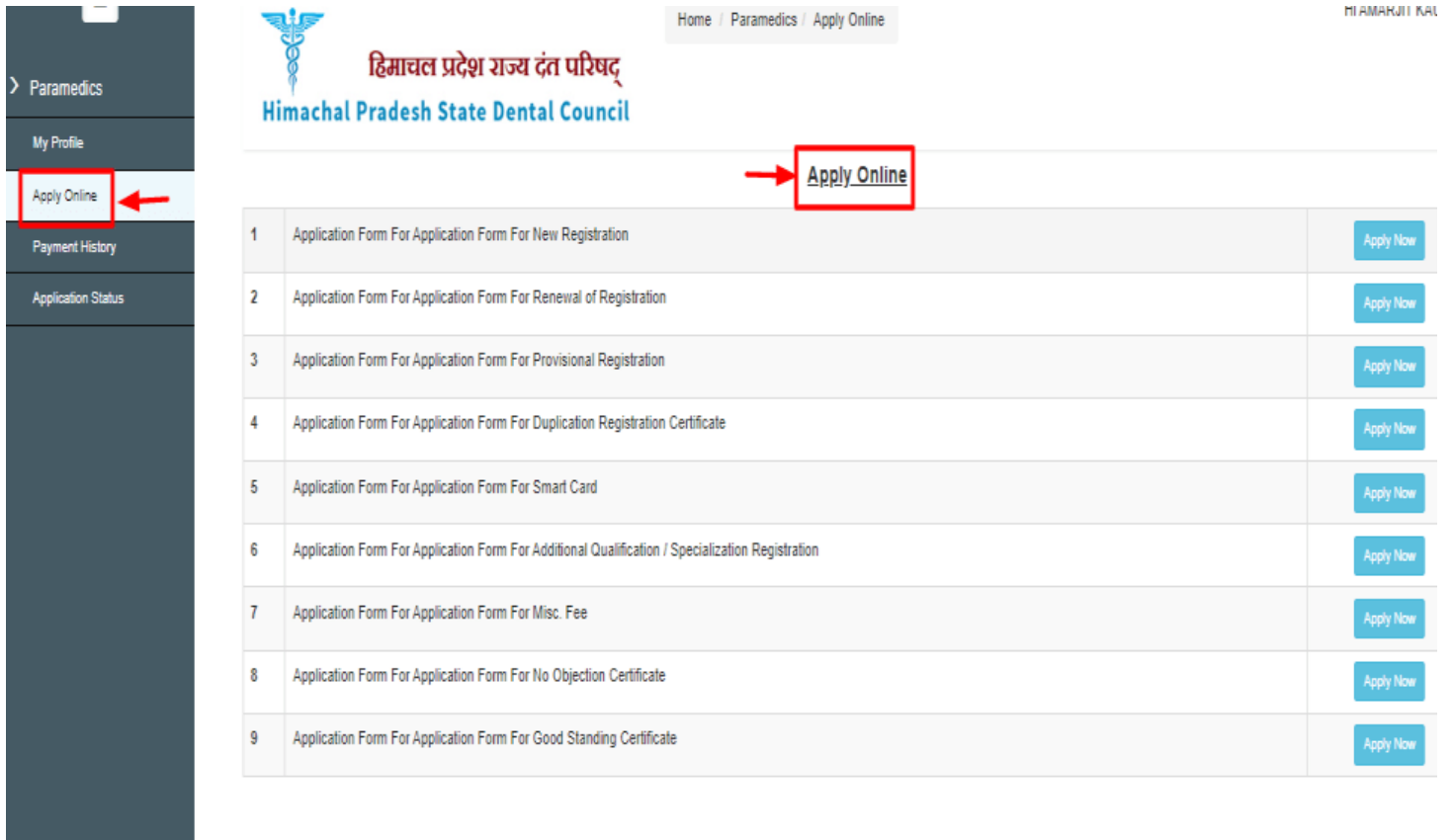
 हिमाचल प्रदेश राज्य दंत परिषद्
Himachal Pradesh State Dental Council

[View Profile](#)

Update Profile

| | | | | | |
|------------------------|--|--|---|---|--------|
| Name * | Dr. <input type="text" value="VERITOS"/> | Type * | Denlist | Gender * | Female |
| Father's Name * | <input type="text" value="AV SINGH"/> | Mother's name * | <input type="text" value="MANJEET KAUR"/> | | |
| Date of Birth * | <input type="text" value="08/02/1998"/> | Place of Birth * | <input type="text" value="23/06/1998"/> | | |
| ID Proof * | <input type="text" value="Aadhaar Card"/> | ID Proof No * | <input type="text" value="9080908090"/> | | |
| Pan Card No * | <input type="text" value="12345678"/> | Category | <input type="text" value="General"/> | | |
| Alternate Email Id * | <input type="text" value="amarjit.veritos@gmail.com"/> | Alternate Mobile No. * | <input type="text" value="9023891509"/> | | |
| Permanent Address * | <input type="text" value="RAJPURA"/> | Correspondence Address* Same as permanent address | <input type="text" value="RAJPURA"/> | | |
| | <input type="text" value="rajpura"/> | | <input type="text" value="rajpura"/> | | |
| | <input type="text" value="India"/> | <input type="text" value="PUNJAB"/> | <input type="text" value="India"/> | <input type="text" value="PUNJAB"/> | |
| | <input type="text" value="MOHALI"/> | <input type="text" value="MOHALI"/> | <input type="text" value="MOHALI"/> | <input type="text" value="MOHALI"/> | |
| | <input type="text" value="RAJPURA"/> | <input type="text" value="MOHALI"/> | <input type="text" value="RAJPURA"/> | <input type="text" value="Select Post Office"/> | |
| | <input type="text" value="140401"/> | | <input type="text" value="140401"/> | | |
| Upload Profile Picture | <input type="text" value="Choose File"/> | Upload Signature | <input type="text" value="Choose File"/> | | |

Step 15: - Click on the **“Apply Online”** tab, and the Apply Online screen will be displayed. Users can apply online for different application forms here.



Home / Paramedics / Apply Online

HIAMARJITI KAL

हिमाचल प्रदेश राज्य दंत परिषद्
Himachal Pradesh State Dental Council

Apply Online

| | | |
|---|--|-----------|
| 1 | Application Form For Application Form For New Registration | Apply Now |
| 2 | Application Form For Application Form For Renewal of Registration | Apply Now |
| 3 | Application Form For Application Form For Provisional Registration | Apply Now |
| 4 | Application Form For Application Form For Duplication Registration Certificate | Apply Now |
| 5 | Application Form For Application Form For Smart Card | Apply Now |
| 6 | Application Form For Application Form For Additional Qualification / Specialization Registration | Apply Now |
| 7 | Application Form For Application Form For Misc. Fee | Apply Now |
| 8 | Application Form For Application Form For No Objection Certificate | Apply Now |
| 9 | Application Form For Application Form For Good Standing Certificate | Apply Now |


Step 16: - To apply for the particular application form, click on the **“Apply Now”** button.

Params

- > Paramedics
- My Profile
- Apply Online**
- Payment History
- Application Status

Home / Paramedics / Apply Online

HI AMARJIT KAUR ▾



हिमाचल प्रदेश राज्य दंत परिषद्
Himachal Pradesh State Dental Council


Apply Online

| | | |
|---|--|------------------|
| 1 | Application Form For Application Form For New Registration | Apply Now |
| 2 | Application Form For Application Form For Renewal of Registration | Apply Now |
| 3 | Application Form For Application Form For Provisional Registration | Apply Now |
| 4 | Application Form For Application Form For Duplication Registration Certificate | Apply Now |
| 5 | Application Form For Application Form For Smart Card | Apply Now |
| 6 | Application Form For Application Form For Additional Qualification / Specialization Registration | Apply Now |
| 7 | Application Form For Application Form For Misc. Fee | Apply Now |
| 8 | Application Form For Application Form For No Objection Certificate | Apply Now |
| 9 | Application Form For Application Form For Good Standing Certificate | Apply Now |

Step 17: - After clicking the **“Apply Now”** button for a specific application form, the following type of form will be displayed.

The screenshot shows a web application interface for the Himachal Pradesh State Dental Council. On the left is a dark sidebar with navigation options: Paramedics, My Profile, Apply Online (highlighted), Payment History, and Application Status. The main content area features the council's logo and name in Hindi and English. Below this is a light blue header for the form: "Application For Application Form For New Registration / New Registration For BDS". The form fields include: Qualification* (BDS dropdown), Year of Passing* (calendar icon), State of Passing* (Andaman & Nicobar Island dropdown), University Name* (dropdown and text input), College Name* (text input), Date of joining approved Hospital for internship* (calendar icon), Date by which internship would be completed* (calendar icon), and Name of Hospital* (text input). At the bottom right are "Save" and "Reset" buttons. A disclaimer states: "By Clicking on 'Save', you will confirm that you have filled valid information."

Step 18: - Fill out the form and click on **“Save”** button.





हिमाचल प्रदेश राज्य दंत परिषद्
Himachal Pradesh State Dental Council

Home / Paramedics / Apply Online

Hi AMARJIT KAUR ▾

Application For Application Form For New Registration / New Registration For BDS

| | | | | | |
|--|--|---|--------------------|-------------------|----------------------------|
| Qualification* | BDS ▾ | Year of Passing* | ▾ | State of Passing* | Andaman & Nicobar Island ▾ |
| University Name * | Select University ▾ Enter University Name | College Name * | Enter College Name | | |
| Date of joining approved Hospital for internship * | mm/dd/yyyy ▾ | Date by which internship would be completed * | mm/dd/yyyy ▾ | | |
| Name of Hospital * | Enter Hospital Name | | | | |

By Clicking on "Save", you will confirm that you have filled valid information.


Step 19: - When the user clicks the save button, the document list displays here so he or she can upload the required documents.

Upload Original Coloured Copy Of The Following Documents (Max Allowed Size 2MB)
Documents Marked With (*) Are Required, Upload Self Declaration Letter In Place Of Required Enclosure If It Is Not Applicable To You


| | | | |
|----|--|---|---------------------------------------|
| 1 | One Photograph attested by the Principal of the concerned University/ Institution/gazetted officer * | <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Upload"/> |
| 2 | BDS Degree (Recognized university/ institutions by UGC/ Health Department State Governments where the institution exist) * | <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Upload"/> |
| 3 | Certificate of internship * | <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Upload"/> |
| 4 | Matriculation Certificate(Date of Birth) * | <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Upload"/> |
| 5 | Final BDS Mark Sheet * | <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Upload"/> |
| 6 | Domicile Certificate * | <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Upload"/> |
| 7 | Proof of Residence (Aadhar card/Driving Liscence/ Voter Card / Passport) * | <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Upload"/> |
| 8 | Pan Card * | <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Upload"/> |
| 9 | Category Certificate | <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Upload"/> |
| 10 | Affidavit for Provisional Degree | <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Upload"/> |

By Clicking on "Upload", you will confirm that you have uploaded valid document. After uploading of requird enclosure, payment option will be displayed.

Step20: - After upload the documents, click on **“Pay Application Fee”** button.

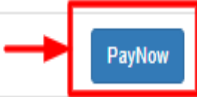
| Pay Application Fee | | | |
|--|---|------------|-----------|
| File Uploaded Successfully | | | |
| 1 | One Photograph attested by the Principal of the concerned University/ Institution/gazetted officer | Uploaded ✓ | Delete 🗑️ |
| 2 | BDS Degree (Recognized university/ institutions by UGC/ Health Department State Governments where the institution exist) | Uploaded ✓ | Delete 🗑️ |
| 3 | Certificate of internship | Uploaded ✓ | Delete 🗑️ |
| 4 | Matriculation Certificate(Date of Birth) | Uploaded ✓ | Delete 🗑️ |
| 5 | Final BDS Mark Sheet | Uploaded ✓ | Delete 🗑️ |
| 6 | Domicile Certificate | Uploaded ✓ | Delete 🗑️ |
| 7 | Proof of Residence (Aadhar card/Driving Liscence/ Voter Card / Passport) | Uploaded ✓ | Delete 🗑️ |
| 8 | Pan Card | Uploaded ✓ | Delete 🗑️ |
| 9 | Category Certificate | Uploaded ✓ | Delete 🗑️ |
| 10 | Affidavit for Provisional Degree | Uploaded ✓ | Delete 🗑️ |
|  Pay Application Fee/Check Payment Status | | | |

Step 21: - Click the **“Delete”** button to delete any information.

| Pay Application Fee | | | |
|----------------------------|---|------------|--|
| File Uploaded Successfully | | | |
| 1 | One Photograph attested by the Principal of the concerned University/ Institution/gazetted officer | Uploaded ✓ | Delete  |
| 2 | BDS Degree (Recognized university/ institutions by UGC/ Health Department State Governments where the institution exist) | Uploaded ✓ | Delete  |
| 3 | Certificate of internship | Uploaded ✓ | Delete  |
| 4 | Matriculation Certificate(Date of Birth) | Uploaded ✓ | Delete  |
| 5 | Final BDS Mark Sheet | Uploaded ✓ | Delete  |
| 6 | Domicile Certificate | Uploaded ✓ | Delete  |
| 7 | Proof of Residence (Aadhar card/Driving Liscence/ Voter Card / Passport) | Uploaded ✓ | Delete  |
| 8 | Pan Card | Uploaded ✓ | Delete  |
| 9 | Category Certificate | Uploaded ✓ | Delete  |
| 10 | Affidavit for Provisional Degree | Uploaded ✓ | Delete  |

[Pay Application Fee/Check Payment Status](#)

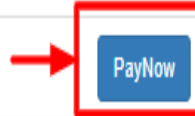
Step 22: - The "**Pay Application Fee**" screen appears after upload the documents.

| Pay Application Fee For Application Form For New Registration | |
|---|--------------|
| Application Fee (Including 18% GST) | Rs. 2,360.00 |
| Maintenance Fee | Rs. 0.00 |
| Late Fee | Rs. 0.00 |
| Application Form Fee | Rs. 0.00 |
| Smart Card Fee | Rs. 0.00 |
| Online Charges | Rs. 24.17 |
| Total Fee | Rs. 2,384.17 |
|  | |

Step23: - Click on **“Pay Now”** button.

Pay Application Fee For Application Form For New Registration

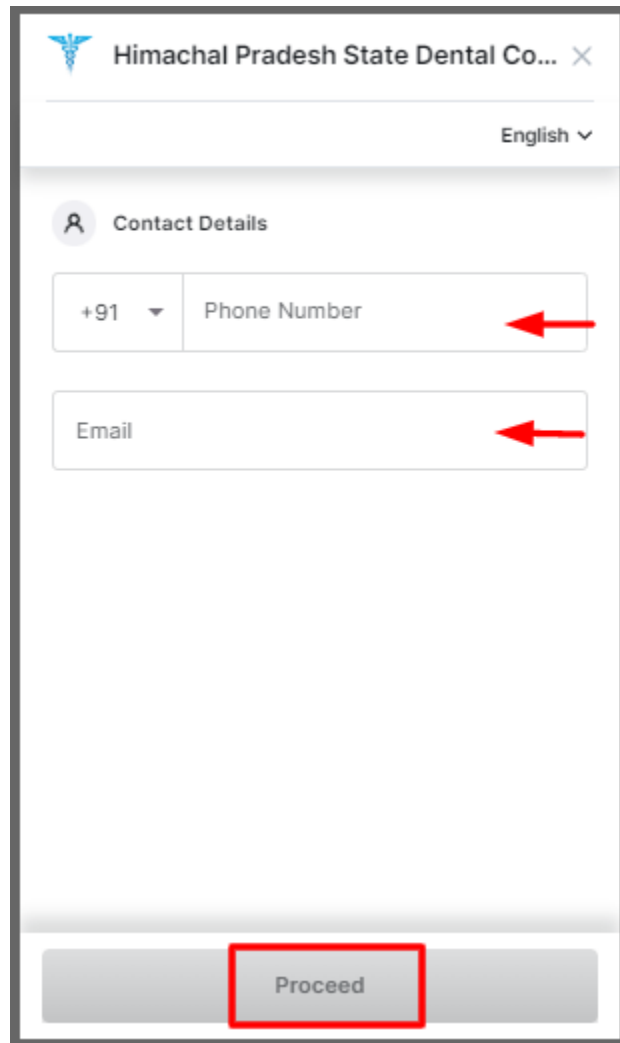
| | |
|-------------------------------------|--------------|
| Application Fee (Including 18% GST) | Rs. 2,360.00 |
| Maintenance Fee | Rs. 0.00 |
| Late Fee | Rs. 0.00 |
| Application Form Fee | Rs. 0.00 |
| Smart Card Fee | Rs. 0.00 |
| Online Charges | Rs. 24.17 |
| Total Fee | Rs. 2,384.17 |



Step 24: - The following screen appears after clicking the pay now button.

The screenshot shows a mobile application interface for "Himachal Pradesh State Dental Co...". At the top right, there is a language selection dropdown set to "English". Below this is a section titled "Contact Details" with a person icon. It contains two input fields: "Phone Number" (with a "+91" country code selector) and "Email". Red arrows point to the right side of both input fields. At the bottom center, a "Proceed" button is highlighted with a red rectangular border.

Step 25: - Fill out the valid **“Phone Number** and **E-mail Address** and click the **Proceed”** button.



The screenshot shows a mobile application interface for 'Himachal Pradesh State Dental Co...'. At the top, there is a header with the company name and a close button (X). Below the header, the language is set to 'English'. The main section is titled 'Contact Details' and contains two input fields: 'Phone Number' and 'Email'. The 'Phone Number' field has a dropdown menu showing '+91' and a red arrow pointing to the right. The 'Email' field has a red arrow pointing to the right. At the bottom of the form, there is a 'Proceed' button highlighted with a red rectangle.

Step 26: - **“Payment History”** screen is displayed by clicking payment history tab.

Home / Dentist / Payment History

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Himachal Pradesh State Dental Council

Payment History

Show 30 rows COPY PDF Excel CSV PRINT Column visibility


Search:

| Sr | Transaction Request ID | Transaction Request Date | Transaction Date | Transaction Amount | Transaction Status | Application Type | Application No |
|----|------------------------|--------------------------|------------------|--------------------|--------------------|---------------------------------------|-----------------------------|
| 1 | 63773c56673c8 | 2022-11-18 13:33:34 | | 2,384.17 | Not Completed | Application Form For New Registration | 202200030 Verify Payment |
| 2 | 63773e8a02527 | 2022-11-18 13:42:58 | | 2,384.17 | Not Completed | Application Form For New Registration | 202200030 Verify Payment |

Showing 1 to 2 of 2 entries

Previous 1 Next

Step 27: - The transaction status can be checked by clicking on the **“Verify Payment”** button.



हिमाचल प्रदेश राज्य दंत परिषद्
Himachal Pradesh State Dental Council

Home / Dentist / Payment History

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Payment History

Show 30 rows COPY PDF Excel CSV PRINT Column visibility


Search:

| Sr | Transaction Request ID | Transaction Request Date | Transaction Date | Transaction Amount | Transaction Status | Application Type | Application No |
|----|------------------------|--------------------------|------------------|--------------------|--------------------|---------------------------------------|---|
| 1 | 63773c56673c8 | 2022-11-18 13:33:34 | | 2,384.17 | Not Completed | Application Form For New Registration | 202200030 Verify Payment |
| 2 | 63773e8a02527 | 2022-11-18 13:42:58 | | 2,384.17 | Not Completed | Application Form For New Registration | 202200030 Verify Payment |

Showing 1 to 2 of 2 entries

Previous **1** Next

Step 28: - When we click the **“Print”** button, we can print the file in pdf, excel, and csv format



हिमाचल प्रदेश राज्य दंत परिषद्
Himachal Pradesh State Dental Council

Home / Dentist / Payment History

Hi AMARJIT KAUR ▾

Payment History

Show 30 rows

[COPY](#) [PDF](#) [Excel](#) [CSV](#) [PRINT](#) [Column visibility](#)

Search:

| Sr | Transaction Request ID | Transaction Request Date | Transaction Date | Transaction Amount | Transaction Status | Application Type | Application No |
|----|------------------------|--------------------------|------------------|--------------------|--------------------|---------------------------------------|---|
| 1 | 63773c56673c8 | 2022-11-18 13:33:34 | | 2,384.17 | Not Completed | Application Form For New Registration | 202200030 Verify Payment |
| 2 | 63773e8a02527 | 2022-11-18 13:42:58 | | 2,384.17 | Not Completed | Application Form For New Registration | 202200030 Verify Payment |

Showing 1 to 2 of 2 entries

[Previous](#) [1](#) [Next](#)

Step29: - You can show and hide a particular column by clicking the **“Column Visibility”** button.

Export and Action buttons: Show 30 rows, COPY, PDF, Excel, CSV, PRINT, **Column visibility** (highlighted with a red box and arrow).

Search:

| Transaction Request ID | Transaction Request Date | Transaction Date | Transaction Amount | Transaction Status | Application Type | Application No |
|------------------------|--------------------------|------------------|--------------------|--------------------|---------------------------------------|---|
| 63773c56673c8 | 2022-11-18 13:33:34 | | 2,384.17 | Not Completed | Application Form For New Registration | 202200030 Verify Payment |
| 63773e8a02527 | 2022-11-18 13:42:58 | | 2,384.17 | Not Completed | Application Form For New Registration | 202200030 Verify Payment |

Showing 1 to 2 of 2 entries

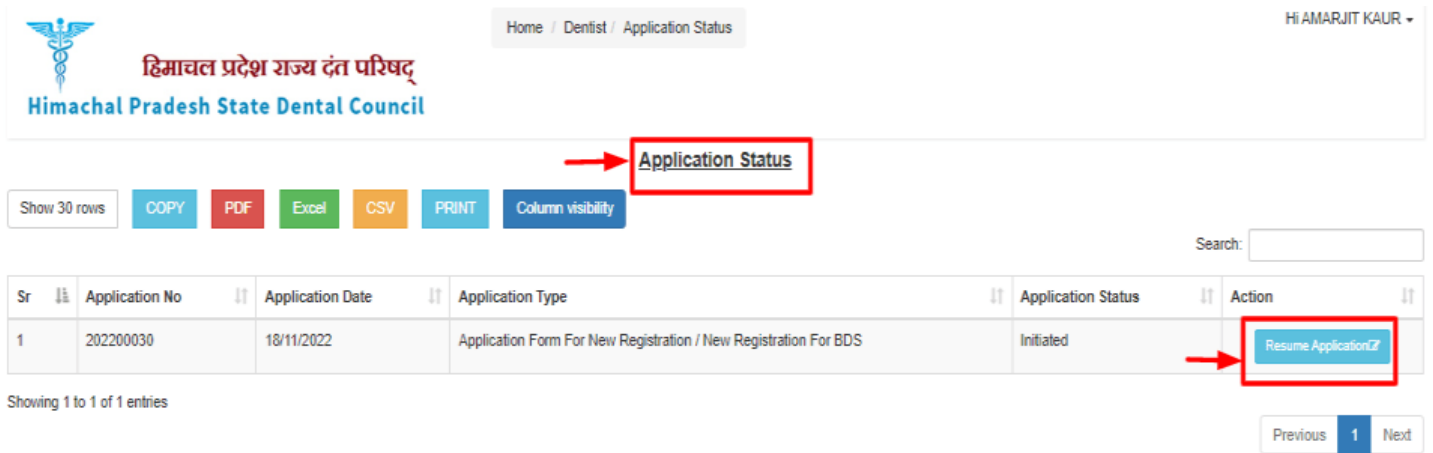


Step 30: -Application status screen appears after click on **“Application Status”** tab. The user can check the status of their own application here.

The screenshot displays the user interface for checking application status. On the left, a sidebar contains navigation links: Paramedics, My Profile, Apply Online, Payment History, and Application Status (highlighted with a red box and arrow). The main header includes the council's logo, name in Hindi and English, and a breadcrumb trail: Home / Paramedics / Application Status. The user's name, HI AMARJIT KAUR, is shown in the top right. Below the header, there are utility buttons for 'Show 30 rows', 'COPY', 'PDF', 'Excel', 'CSV', 'PRINT', and 'Column visibility'. A search bar is located on the right. The central table lists application records with columns for Sr, Application No, Application Date, Application Type, Application Status, and Action. One record is shown with an 'Initiated' status and a 'Resume Application' button. The footer indicates 'Showing 1 to 1 of 1 entries' and includes 'Previous', '1', and 'Next' navigation options.

| Sr | Application No | Application Date | Application Type | Application Status | Action |
|----|----------------|------------------|--|--------------------|------------------------------------|
| 1 | 202200030 | 18/11/2022 | Application Form For New Registration / New Registration For BDS | Initiated | Resume Application |

Step 31: - Click on **“Resume Application”** button.



Home / Dentist / Application Status

Hi AMARJIT KAUR ▾

हिमाचल प्रदेश राज्य दंत परिषद्
Himachal Pradesh State Dental Council

Application Status

Show 30 rows COPY PDF Excel CSV PRINT Column visibility

Search:

| Sr | Application No | Application Date | Application Type | Application Status | Action |
|----|----------------|------------------|--|--------------------|---------------------|
| 1 | 202200030 | 18/11/2022 | Application Form For New Registration / New Registration For BDS | Initiated | Resume Application? |

Showing 1 to 1 of 1 entries

Previous 1 Next

Step 32: -The following type of screen appears after clicking on the **“Resume Application”** button. If the user applies online but the payment is not complete, then the resume application button provides the ability to re-apply without having to fill out the form, since the resume application has the previous data.

Application For Application Form For New Registration / New Registration For BDS

| | | | | | |
|--|--|---|---|-------------------|------------------------------------|
| Qualification* | <input type="text" value="BDS"/> | Year of Passing* | <input type="text" value="June 2022"/> | State of Passing* | <input type="text" value="Assam"/> |
| University Name * | <input type="text" value="Adikavi Nannaya University, 25-7-9/1, Jayakrishnapuram, Rajahr"/> <input type="text" value="PU"/> | College Name * | <input type="text" value="PIMT"/> | | |
| Date of joining approved Hospital for internship * | <input type="text" value="11/13/2022"/> | Date by which internship would be completed * | <input type="text" value="11/16/2022"/> | | |
| Name of Hospital * | <input type="text" value="RAJINDRA"/> | | | | |

By Clicking on "Save", you will confirm that you have filled valid information.

Thank you.



