Registration	No	A
		<i>,</i>

APPLICATION FOR REGISTRATION UNDER SECTION 34 OF DENTISTS ACT, 1948

To The Registrar **WEST BENGAL DENTAL COUNCIL** PURTA BHAVAN, 3rd Floor, Room No.303, DF-Block, Salt Lake, Sector-I, Kolkata-700091. Sir, I beg to apply for registration of my name as a dentist, under Section 34 of the Dentists Act, 1948 (XVI of 1948) Particulars about myself are furnished below: 1. Name in full (in BLOCK letters) ______ 2. (a) Age_____(b) Place of birth_____ 3. Father's Name _____ 4. Date of Birth ______ 5. Nationality _____ 6. Whether a citizen of India ______ 7. Residential address ______ 8. Professional address, i.e. the place where the profession of dentistry is carried on 9. Employment, if any ______

^{10.} Particulars of the qualification or qualifications with the dates on which they were obtained and the authority which conferred them.

DECLARATION

I	(applicant)
hereby declare that the statement made above are dignity and ethical standard of the profession in my profes	
I undertake that I shall intimate to the Registrar any cl The degree, diploma or certificate of my qualification as done with. The prescribed fee of Rs. is sent herewith.	
Address	
Date	Signature of the applicant in full
WEST BENGA	L DENTAL COUNCIL
FORM OF	DECLARATION
(See regulation 3 of the De	entists (Code of Ethics) Regulation 1976)
care;	to the cause of serving humanity in the field on dental
standing to intervene in my duty towards	nationality, race, caste and creed, party politics or social my patient and the profession;
(iv) I shall look after the dental health of my pa(v) I shall honour the secrets which are confident	atient as my first consideration; ed in me by my patients during the professional services;
(vi) I shall always maintain the honour and not(vii) I shall deem it an honour to cherish a propby me actions, deeds or words;	ole traditions of the dental profession; er pride in my colleagues and shall not disparage them
(viii) I shall abide by the various provisions of t abbreviation indicating or implying a denta	he Act and desist from using a degree/diploma or an all qualification, which is not in according with the on 'as defined under clause (j) of section 2 of the Act; ght bring discredit to the dental profession.
Dated the:	
	<u>Signature</u>
	Name of Dentist
Place:	Registration No

State_____