

Format of Affidavit

I,, S/o or D/o....., date of birth..... by
faith, by occupation Dentist residing at(address).

- 1) That I am a citizen of India.

- 2) That I have passed final B.D.S. examination in the year from
..... (name of college) under
.....(name of University).

- 3) That I have successfully completed one year rotator internship at
..... (name of college) from/...../..... to/...../.....
(period of internship).

- 4) That presently I intend to register my name as a Dentist under sec, 34 of
the Dentists Act, 1948 (XVI of 1948) under West Bengal Dental Council.

- 5) That I further affirm that previously I did not register my name as a
dentist under any Dental Council of any State of India.

***** (Affidavit must be done from 1st Class Magistrate in West Bengal)**

***** (Affidavit to be made after completion of the verification from the concern
College/University)**