



ODISHA STATE DENTAL COUNCIL

**DIRECTORATE OF MEDICAL EDUCATION & TRAINING, ODISHA
BHUBANESWAR, ODISHA-751001**

APPLICATION FORM FOR PROVISIONAL REGISTRATION

To

**The Registrar,
Odisha State Dental Council,
Head of Department Building,
Unit-V, Bhubaneswar,
Odisha, Khordha-751001.**

Sir,

I request that my name may be provisionally registered in the Odisha State Dental Council, Odisha and a Certificate be issued under the Dentists Act 1948. The fee of Rs..... is remitted through Bank, SBI e-pay/ SBI Bank/Collect Reference NO and Date of Payment Name of the Bank

PARTICULARS

1. Name in Block letters:
2. Sex: Male/Female
3. Father's Name:
4. Nationality:
5. Address-Provisional:
6. Date of Birth & Place of Birth:
7. (a) Qualification:
(b) Date of Passing:
(c) Admission Register No. (BDS)
8. Name of College & University:
9. Institution of internship:
10. Date of Commencement of internship:
11. Date of completion of internship:

Station:

Date:

Signature of Applicant

Certificate by the Head of the institution

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

Place:

Signature of the Head of the institution with Office Seal

Date: