

## **BDS REGISTRATION**

### **INSTRUCTIONS TO CANDIDATES**

- 1) Application form must be filled by the applicant only
- 2) The name and particulars entered must be exactly correspond with the name and particulars of the applicant entered at the University.

### **DOCUMENT'S TO BE SUBMITTED AT THE TIME OF REGISTRATION ARE AS FOLLOWS:-**

#### **All Original Certificates & Address proof taken in (A4 Size) Colour Xerox only**

- 3) a) Take a **(A4 size)** colour printout and print the application form in a single side.
- b) Provisional Certificate – 2nd after completion of CRRRI (issued by the University).
- c) Compulsory Rotatory Residential Internship (CRRRI) Certificate.
- d) Transfer Certificate (TC).
- e) Address proof - Aadhaar Card is **Mandatory** (Tamil Nadu Address only).
- f) Two Recent Passport size Photos will be submitted at the time of Registration.

#### **MORE THAN SIX MONTHS DELAYED REGISTRATION:-**

- 4) a) Degree Certificate (issued by the University).
- b) If a candidate arrives after **Six months** and above, they have to come with an affidavit issued by the Notary Public for the delay of registration - **(Original affidavit should be submitted at the time of registration)**. [\(Click here to download Affidavit format\)](#)

#### **FOR NOC RECEIVED FROM OTHER STATES BDS REGISTRATION:-**

- 5) a) Degree Certificate (issued by the University).
  - b) **No Objection Certificate received** from the respective State Dental Council and Dental Council of India issued by within 6 months - **(Both the Original NOC's should be submitted at the time of registration)**.
- 6) **Fee particulars:-** **Rs.3000/-** to be paid through NEFT / Google Pay / Phone pe.

#### **PAYMENT DETAILS ARE GIVEN BELOW**

**Name : Tamil Nadu Dental Council**  
**Bank Name : State Bank of India**  
**Branch : Koyambedu**  
**Account No. : 35204707928**  
**IFSC Code No. : SBIN0009675**



# TAMIL NADU DENTAL COUNCIL

Arihant Majestic Towers, Flat No.5-0-3, No.216, J N Salai, Koyambedu Chennai – 600 107.

## FORM OF APPLICATION FOR REGISTRATION OF DENTIST

**(FILL UP THE BELOW ALL DETAILS IN CAPITAL LETTERS. IT'S MANDATORY)**

To  
The Registrar  
Tamil Nadu Dental Council  
CHENNAI – 600 107.

Affix Here  
Recent  
Passport  
Size  
Photo

Sir,

I request that my name may kindly be registered as dentist under The Dentists Act, 1948 and that I may be furnished with certificate of registration. All particulars required for the registration are given below.

- 1) Applicant Name :
- 2) Applicant Name in Tamil :
- 3) Father's Name :
- 4) Mother's Name :
- 5) Date of Birth :
- 6) Birth Place :
- 7) Gender : MALE / FEMALE
- 8) Nationality :
- 9) PAN Number :
- 10) Domicile Status : INDIA / FOREIGN
- 11) Category : OC/FC/BC/MBC/SC/ST/PHD/OTHERS -
- 12) Permanent Residential Address:-  
:

Pincode :

District :

(2)

- 13) **Mobile No.** :
- a) **E-Mail ID** (*Fill in Capital letters*)\* :
- b) **Aadhaar Number** : / /
- 14) **Qualification** : **BACHELOR OF DENTAL SURGERY**
- 15) **Month & year of the final Examination held in** :
- 16) **Date of the completion of C R R I** :
- 17) **Name of the college** :
- 18) **Name of the University** :
- 19) **Online Payment Details:\***
- UPI/UTR Tran No. (&) Date** :
- Bank Name (&) Branch** :

I hereby declare that I have read carefully and understood the instructions and that all entries made in this application are true to the best of my knowledge and belief.

I agreed to abide by the ethical rules for dentists which may be laid down for the guidance of the registered dentists from time to time.

**Yours faithfully,**

**Date :** (Signature of the applicant)

**Note :- All original certificates will be verified and returned to the applicant .**

**(Received all my Original Certificates, Revised Dentists (Code of Ethics) Regulation, 2014).**

**&**

**Received My TNDC BDS Registration Certificate**

**Applicant Signature:.....**

**Applicant Name:.....**

**Mobile No.:.....**

**Date:.....**

## **SCHEDULE FORM OF DECLARATION**

(see regulation 3)

1. I solemnly pledge myself to devote my life to the cause of serving humanity in the field of dental care;
2. I shall not use my dental knowledge contrary to the laws of humanity;
3. I shall not permit consideration of religion, nationality, race, caste and creed, party politics or social standing to intervene in my duty towards my patient and the profession;
4. I shall look after the dental health of my patient as my first consideration;
5. I shall honour the secrets which are confided in me by my patients during the professional services;
6. I shall always maintain the honour and noble traditions of the dental profession;
7. I shall deem it an honour to cherish a proper pride in my colleagues and shall not disparage them by my actions, deeds or words;
8. I shall abide by the various provisions of the Act and desist from using a degree / diploma or an abbreviation indicating or implying a dental qualification, which is not in accordance with the definition of 'recognized dental qualification' as defined under clause (j) of section 2 of the Act;
9. I shall not indulge in any activity which might bring discredit to the dental profession.

**Applicant Signature:**.....

**Applicant Name:**.....

**TNDC Regn. No.:**.....

**Date:**.....

**Place:**.....

**State:**.....