GOOD STANDING CERTIFICATE

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) Copy of Registration Certificate issued by the Tamil Nadu Dental Council.
 - c) Address proof Aadhaar Card is **Mandatory** (Tamil Nadu Address only).
 - d) If a Candidate cannot come in person They have to fill the Form duly signed and give separate authorization letter and mention his / her Name, Aadhaar number and copy of the same (A4 size) Colour Xerox to someone. (Click here to download Authorization Letter format)
- 4) <u>Fee particulars:</u> Rs.4000/- 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



1)

Applicant Name

TAMIL NADU DENTAL COUNCIL

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

APPLICATION FORM FOR OBTAINING A "GOOD STANDING CERTIFICATE"

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

•			
2)	TNDC Registration No.	:	
3)	BDS Date of Registration	:	
4)	Gender	:	MALE / FEMALE
5)	Domicile status	:	INDIA / FOREIGN
6)	Permanent Residential Address (Write here Tamil Nadu Address only	:	
7)	Purpose of Good Standing (Job / Higher Education etc.,)	:	
8)	Name of the foreign (Organization / Council / giving job etc.,)	:	
9)	Name of the Country which requires the Good Standing Certificate	:	
10)	Mobile Number	:	
11)	E-mail Id (Fill in Capital letters)*	:	
12)	Online Payment Details:*		
	UPI/UTR Tran No. (&) Date :		
	Bank Name (&) Branch :		
			Yours faithfully,
Date : (Signature of the applic		(Signature of the applicant)	
(Received my original Good Standing Certificate)			
Applicant Signature:			
Applicant Name:			
Mobile No.:			
Date:			