

Serial No. \_\_\_\_\_  
APPLICATION FOR REGISTRATION WITH M.D.S. QUALIFICATION AS DENTIST.  
(Under the Dentists Act 1948) Tel.0172-2693999  
[www.punjabdentalcouncil.gov.in](http://www.punjabdentalcouncil.gov.in)  
(To be filled in by the Candidate)

To

The Registrar,  
Punjab Dental Council,  
(S.C.O.75, Sector-40/C), Chandigarh.

Dated: \_\_\_\_\_

Sub: Regarding registration as M.D.S -- (Old B.D.S. Regn. No. \_\_\_\_\_)  
-0-0-0-

Sir,

I request you to enter my name as Dentist with M.D.S. qualification as stated below :--

1. Name (In Block Letter) : \_\_\_\_\_
2. Father's Name : \_\_\_\_\_
3. Date of Birth : \_\_\_\_\_
4. Registration No. as B.D.S. Dentist with this Council : \_\_\_\_\_ **w.e.f.** \_\_\_\_\_
5. Name of Dental College from where M.D.S. completed with **Specialty** & **year of passing** : **M.D.S.**( \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_)
6. Name of University : \_\_\_\_\_  
\_\_\_\_\_
7. Latest Address with Tel.No./ E-mail. : \_\_\_\_\_  
\_\_\_\_\_
8. Professional Address with Tel. No. : \_\_\_\_\_  
\_\_\_\_\_

Yours faithfully

Dated: \_\_\_\_\_

(Signature of the Candidate)

**The Candidate will come personally for his / her Registration**

**(For Office Use Only)**

ਸਾਰੇ ਕਾਗਜ਼ ਮੁਕੰਮਲ ਅਤੇ ਦਰੁਸਤ ਹਨ। ਪ੍ਰਵਾਨ ਹੋਵੇ ਤਾਂ ਐਮ.ਡੀ.ਐਸ.ਦੀ ਰਜਿਸਟਰੇਸ਼ਨ ਕਰ ਦਿੱਤੀ ਜਾਵੇ ਜੀ।

ਰਜਿਸਟਰਾਰ

ਸੁਪਰਡੈਂਟ

P.T.O.

Note :

- 1.** A Dentist applying for his M.D.S. registration will bring proof of recognition of his M.D.S. qualification (specialty), by the Dental Council of India from concerned Dental College or University.
- 2.** Original M.D.S. Degree / Provisional M.D.S. Degree along with one Photocopy duly attested by any Member of Punjab Dental Council/ Notary Public/ Gazetted Officer.
- 3.** 3 Passport size photos (One Attested) and a copy of B.D.S. Registration Certificate.
- 4.** Fee of Rs.500/- by cash or Bank Draft favoring “Registrar Punjab Dental Council” payable at Chandigarh.
- 5.** Form & Fee will be accepted Up to 3 P.M.
- 6.** M.D.S. Registration will be issued in 3 working days.