

# **DENTAL COUNCIL OF INDIA**

(Form of Application for transfer of registration under section  
46A of the Dentist Act, 1948)

To

The Secretary,  
Dental Council of India  
Aiwan-E-Galib Marg,  
New Delhi 110 002

Dated the \_\_\_\_\_

Sir,

I \_\_\_\_\_ hereby  
apply for the transfer of my registration under Section 46A of the Dentists Act, 1948, from the State  
Dentists Register of \_\_\_\_\_  
to the State Dentists Register of \_\_\_\_\_  
where I am at present practising.

2. The information necessary for transfer of registration is specified on the reverse.
3. The prescribed fee of ₹200/- (Rupees Two Hundred only) has been sent by Demand Draft to  
you (vide D.D. No. \_\_\_\_\_ dated \_\_\_\_\_  
issued by \_\_\_\_\_ (Name of Bank) in favour of  
"Secretary, Dental Council of India" payable at New Delhi
4. An 'Original Clearance Certificate' from the Registrar of the State Dental Council of  
\_\_\_\_\_ with which I am at present registered, to the effect  
that all dues in respect of my registration with that Council have been paid up-to-date, is attached  
herewith.
5. A copy of BDS Degree duly attested by the Gazetted Officer.
6. A copy of Final year Mark Sheet should be attested by the Gazetted Officer.
7. A copy of the Completion Certificate of Internship issued by the concerned Dental College.
8. A copy of Residential/Professional address proof for which the Transfer of Registration  
is requested.
9. An original affidavit on the stamp paper of minimum ₹10/- duly notarized in case the name  
has been changed after marriage.
10. All the certificates should be duly attested by the Gazetted Officer.

Yours faithfully,

Signature of the Applicant

Place \_\_\_\_\_

Name (In Capital \_\_\_\_\_ )

(ON REVERSE OF THE APPLICATION FORM)

**DENTAL COUNCIL OF INDIA**

Particulars and information to be furnished by the applicant.

1. Name of the applicant in full (in capital letters)

\_\_\_\_\_

2. Date of Birth

\_\_\_\_\_

3. Nationality

\_\_\_\_\_

4. Father's Name

\_\_\_\_\_

5. Full current residential address

\_\_\_\_\_

\_\_\_\_\_

Phone No.

Email:

\_\_\_\_\_

6. Full current professional address

\_\_\_\_\_

\_\_\_\_\_

Phone No.

7. Qualification entitling to registration under the Dentists Act, 1948

\_\_\_\_\_

\_\_\_\_\_

8. Name of the State Dental Council with which at present registered

\_\_\_\_\_

\_\_\_\_\_

9. Registration Number & Part 'A' or 'B'

\_\_\_\_\_

10. Reason for transfer of registration

\_\_\_\_\_

\_\_\_\_\_

11. Whether the State Dental Council of

\_\_\_\_\_

with which you are at present registered has any disciplinary proceedings pending against you \_\_\_\_\_

Date

\_\_\_\_\_

Place

\_\_\_\_\_

Signature of the Applicant