

Form –

[See Rule]

Application for registration by Dental Operating Room Assistant who satisfies the prescribed requirements referred to in section 20 of the Dentists Act, 1948 (XVI of 1948)

**To,
The Registrar,
West Bengal Dental Council**

Sir,

I beg to apply for registration of my name as a Dental Operating Room Assistant, under section 20 of the Dentists Act, 1948 (XVI of 1948).

Particulars about myself are furnished below:

- 1) Name in full (in BLOCK letters)
- 2) Date of birth
- 3) Place of birth
- 4) Father's Name
- 5) Nationality
- 6) Whether a citizen of India
- 7) Residential address
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.....
- 8) Professional address , i.e. the place where engaged in practice as a Dental Operating Room Assistant
.....
- 9) Employment, if any
- 10) Particulars of the qualifications (i.e. degree, diploma or certificate) with the date on which it was obtained and the authority which conferred it.
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DECLARATION

I, (applicant)
hereby declare that the statements made above are correct. I further declare that I shall maintain the dignity and ethical standard of the profession in my practice as a Dental Operating Room Assistant.
I undertake that I shall forthwith intimate to the Registrar any change of my address or place of practice.
The prescribed fee of Rs. 500/- is sent herewith.

Address:

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Signature of the applicant in full

Mobile :

Email:

Date