

APPENDIX II

FORM I

(See Rule 57)

Registration No.

Receipt No.

Date

Form of application for registration of Dental Mechanic/Dental Hygienist under section 36, 37 & 38 of the Dentist Act, 1948 (XVI of 1948)

To,

The Registrar
Madhya Pradesh State Dental Council
Indore

Sir,

I have to request to enter my name, address and qualifications as stated below in part A of the register of Dental Mechanic/Dental Hygienist for the state of Madhya Pradesh.

Registration fee of Rs. 1200/- (One Thousand Two Hundred) only is sent by Demand Draft.

Particulars about myself are furnished below:

Name in full (Block letters only)

Father's Name

Place of birth, date and year

Nationality (Kindly give information in details)

Whether Citizen of India by domicile/birth

Residential Address

Professional Address

Number of years in practice

Employment, if any

PARTICULARS OF THE QUALIFICATION

Description of qualification of which registration is desired

Name of the University of Faculty or Examining or
Licensing Body with full address

Date of attaining the qualification

Institution through which appeared

DECLARATION

I (Applicant) hereby declare that the statement made above are correct. I further declare that I shall maintain the dignity and ethical standard of the profession of Dental Mechanic/Dental Hygienist.

I undertake that I shall intimate to the Registrar any change of my address or place of practice.

The degree, diploma or certificates of my qualification is submitted herewith, it may be returned as soon as done with.

Permanent Address:

Yours faithfully

Date:

.....
(signature of the applicant)

D.D. No.

Telephone No.

Date

Amount

Name of Bank

Mobile No.

INSTRUCTIONS

1. All particulars given above must be filled in by the applicant himself.
2. All particulars should be in neat legible hand.
3. Registration fees should be sent only by a Demand Draft payable to MADHYA PRADESH STATE DENTAL COUNCIL at Indore.
4. Candidate should note that their names entered in the application must exactly correspond with their names in the University or other Examination as the case may be.
5. Please give below a specimen of your signature as used by you on certificates.

(Signature)

(Specimen Signature)

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 as Dental Mechanic/Dental Hygienist.
- (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 interveance on my duty towards my Dentists patient and the profession of Dental Mechanic/Dental Hygienist.
- (4) I shall look after the dental health of my Dentists patient as my first consideration.
- (5) I shall honour the secrets which are confided in me by my Dentists patients during the professional services.
- (6) I shall always maintain the honour and noble traditions of the profession of Dental Mechanic/Dental Hygienist.
- (7) I shall deem it an honour to cherish a proper pride in my collections and shall not disparage them by 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 (1) of Section 2 of the Act.
- (9) I shall not indulge in any activity which might bring discredit to the Dental Mechanic/Dental Hygienist profession.

Dated:

Signature

Name of Dental Mechanic/Hygienist

Registration No.

State

Please bring followings in order as mentioned below for New Registration

- (1) Completely filled prescribed form with Declaration Form (To follow the code of ethics regulation – 1976)
- (2) Two Photographs.
- (3) High School Certificate/Mark Sheet.
- (4) 10 + 2, Certificate/Mark Sheet for date of Birth proof.
- (5) All Mark Sheets of Dental Mechanic/Dental Hygienist Course issued by the Recognized Dental College.
- (6) Dental Mechanic/Dental Hygienist Certificate issued by the Recognized Dental College.
- (7) Domicile of M.P. Certificate.
- (8) Character Certificate issued by the Recognized College/Institution.
- (9) College recognition certificate from D.C.I. for those who have passed Dental Mechanic/Dental Hygienist Course from the College.
- (10) D.D. of Rs. 1200/- in favour of M.P. State Dental Council, payable at Indore.
- (11) The applicant who have passed Dental Mechanic/Dental Hygienist Course from out of M.P. shall submit an affidavit on Rs. 10/- Stamp paper (Non Judicial) that I am not registered in any State Dental Council other than M.P. State Dental Council, if this statement is found false, M.P. State Dental Council is authorized to cancel my registration and may take necessary action as per law.

Note: Photos, all copies of Mark Sheet, Dental Mechanic/Dental Hygienist Course Certificate, Domicile Certificate and Character Certificate has to be submitted along with the registration form duly attested by the Gazetted Officer/Dean/Principal.