

DENTAL HYGIENIST / DENTAL MECHANIC REGISTRATION

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 / College.

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) **Dental Hygienist / Mechanic Certificate** - (issued by the Dental College).
- c) **Course Completion Certificate** - (issued by the Dental College).
- d) **Transfer Certificate (TC)**.
- e) **Secondary School Leaving Certificate & Higher Secondary School Mark Sheet** - (issue by the School).
- f) **Mark Sheet - First year (to) Last year take a separate page** - (issued by the College).
- g) **Address proof - Aadhaar Card is Mandatory (Tamil Nadu Address only)**.
- h) **Two Recent Passport size Photos** will be submitted at the time of Registration.

MORE THAN SIX MONTHS DELAYED REGISTRATION:-

- 4) a) If a candidate arrives after **Six months** and above, they have to come with an affidavit issued by the Notary Public for the delay of registration - **(Original affidavit should be submitted at the time of registration)**. ([Click here to download Affidavit format](#))

FOR NOC RECEIVED FROM OTHER STATES BDS REGISTRATION:-

- 5) a) **No Objection Certificate received** from the respective State Dental Council and Dental Council of India issued by within 6 months - **(Both the Original NOC's should be submitted at the time of registration)**.
- 6) **Fee particulars:- Rs.500/-** 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



TAMIL NADU DENTAL COUNCIL

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

FORM OF APPLICATION FOR REGISTRATION OF DENTAL HYGIENIST / DENTAL MECHANIC

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

To
The Registrar
Tamil Nadu Dental Council
CHENNAI – 600 107.

Affix Here
Recent
Passport
Size
Photo

Sir,

I request that my name may kindly be registered as dental hygienist / dental mechanic under The Dentists Act, 1948 and that I may be furnished with certificate of registration. All particulars required for the registration are given below.

- 1) Applicant Name :
- 2) Applicant Name in Tamil :
- 3) Father's Name :
- 4) Mother's Name :
- 5) Date of Birth :
- 6) Birth Place :
- 7) Gender : MALE / FEMALE
- 8) Nationality :
- 9) PAN Number :
- 10) Domicile Status : INDIA / FOREIGN
- 11) Category : OC/FC/BC/MBC/SC/ST/PHD/OTHERS -
- 12) Permanent Residential Address:-
:

Pincode :
District :
13) Mobile No. :
a) E-Mail ID (Fill in Capital letters)* :
b) Aadhaar Number : / /

(2)

14) **Qualification** :

15) **Month & year of the final Examination held in** :

16) **Name of the University** :

17) **Name of the college** :

18) Online Payment Details:*

UPI/UTR Tran No. (&) Date :

Bank Name (&) Branch :

I hereby declare that I have read carefully and understood the instructions and that all entries made in this application are true to the best of my knowledge and belief.

I agreed to abide by the ethical rules for dentists which may be laid down for the guidance of the registered dental mechanic from time to time.

Yours faithfully,

Date :

(Signature of the applicant)

Note :- All original certificates will be verified and returned to the applicant.

Received all my Original Certificates

&

Received My Original TNDC Dental Hygienist / Dental Mechanic Registration Certificate

Applicant Signature:.....

Applicant Name:.....

Mobile No.:.....

Date:.....