

MDS 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.

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) Original Tamil Nadu Dental Council Registration Certificate has to be surrender herewith for Cancellation.
c) Provisional Certificate / Degree Certificate issued by the University.
d) Course Completion Certificate / Transfer Certificate issued by the College.
e) Address proof - Aadhaar Card is **Mandatory** (Tamil Nadu Address only).
f) Two Recent Passport size Photos will be submitted at the time of Registration. (Don't give the same photo submitted at the time of BDS Registration)
- 4) **Fee particulars:-** **Rs.1100/-** 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 M.D.S. DEGREE

(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 to register my M.D.S. degree in the council, for which all required particulars are furnished 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) TNDC Registration No. :
- 11) BDS Date of Registration :
- 12) Domicile Status : INDIA / FOREIGN
- 13) Category : OC/FC/BC/MBC/SC/ST/PHD/OTHERS-
- 14) Permanent Residential Address:-
:

Pincode :

District :

(2)

- 15) **Mobile No.** :
- a) **E-Mail ID** (*Fill in Capital letters*)* :
- b) **Aadhaar Number** : / /
- 16) **Qualification** : **MASTER OF DENTAL SURGERY**
- 17) **Month & year of the final Examination held in** :
- 18) **Name of the M D S Branch** :
- 19) **Name of the college** :
- 20) **Name of the University** :
- 21) **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 dentists 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 TNDC MDS Registration Certificate)

Applicant Signature:.....

Applicant Name:.....

Mobile No.:.....

Date:.....