

Aadhaar No.

Mob.No.

UTTAR PRADESH DENTAL COUNCIL

5, Sarvpalli, Mall Avenue Road, Lucknow-226001

E-mail : updentalcouncil@upsmfac.org

Phone : 0522-2238846, 2235964

Application Form for Registration with U.P. Dental CouncilB.D.S. ☐ PROVISIONAL ☐ ADDITIONAL ☐ D.H. ☐ D.M. ☐ DORA ☐ Duplicate ☐**For Office use only :**

Registration Number :

Fee Receipt No. :

Fee Deposit ☐ ☐ ☐ ☐ ☐ ☐
Date : ☐ ☐ ☐ ☐ ☐ ☐
Day Month YearFee Amount (Rs.): ☐ ☐ ☐ ☐ ☐ ☐Reg. No.: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Candidate Signature in Upper Box.

Seal & Sign. of attesting authority

Neatly paste your latest
colour photograph in
this box duly
attested by principal
of training centreRegistered
Under Part
First NameDate of Birth : ☐ ☐ ☐ ☐ ☐ ☐Gender (M/F) : ☐

Middle Name

Sir Name

Father's Name

Mother's Name

Permanent Address

District

Pin

State Code

University Code

College Code

E-mail

Name of Dental College

University/Examining body

Month & Year of Joining : Month

Year

Month & Year of Passing Month

Year

Note: Fill the details in this box if in case you are already registered with U.P. Dental Council or any other Dental CouncilQualification Registered for ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Year of Passing

Registration No.

Reg. Date

State Code

M.D.S. in

Rotatory training College details (To be filled by the applicant applying for REGISTRATION)Rotatory Internship
Hospital name :

City

Joined Training
on Date :

Day

Month

Year

Completed On

Day

Month

Year

"Candidate will be required to sign in a register in the council office".

INSTRUCTIONS

1. Use Black/Blue Ball pen for filling up the form.
2. Stick Coloured passport size photograph, do not staple or pin.
3. Fill the form in English capital letter & number in English numeric character.
4. Do not use abbreviation as Dr., SMT., LATE, KM., MR., SHRI, etc.
5. Since it is a ICR form, please do not fold.
6. Candidate presence is must.
7. Photocopy of Aadhar Card. List of Enclosures for Registration

For Dentist of the State

1. Self Attested copy of Attempt certificate.
2. Self Attested copy of Date of birth certificate (marksheet / certificate of high school)
3. Self Attested copy of Internship completion certificate
4. Self Attested copy of BDS Marksheet (only 4th years including fail marksheet)
5. Attested Affix Photograph & Signature in the box mentioned in the form and get it duly attested by Principal of Dental College

For Dental from other State

1. Self Attested copy of Registration of Parent council. (State Registration).
2. Self Attested copy of Date of Birth certificate (marksheet / certificate of high school)
3. Self Attested copy of Internship completion certificate (form B)
4. Self Attested copy of BDS Degree & Marksheet (only 4th years including fail marksheet)
5. Self Attested copy of Attempt certificate.
6. Affix signed photograph and signature in the box only & duly attested by-
 - a) Principal of Dental college (Parent College).
 - or
 - b) Seal bearing name and designation of C.M.O. of the district
 - or
 - c) SDM / ADM (First class magistrate), Special Secretary and above official.

For duplicate Registration

1. Copy of F.I.R.
2. Publication in News Paper
3. Affidavit
4. Signature & Photograph should be attested by First Class Magistrate.

For registration of additional Qualification

1. Attested Photo copy of BDS registration by U.P. Dental Council.
2. Attested Photo copy of Additional Qualification (P.G. Degree) Certificate.
3. Affix photograph & signature in the box mentioned in the form and get it attested by Dean of the College
4. Self Attested High School Certificate & Marksheet.

Additional Qualification forwarded by Dean

This is to certified that Dr. _____ is declared passed in M.D.S. from University _____, Dental College _____ in MDS (_____) and whose seat is registered by DCI,

Sign. of Dean/Principal with seal

For Dental Hygienist / Dental Mechanic forwarded by HOD of respective department

This is to certified that Mr. _____ (DM/DH) is declared passed under Notification no. _____

Sign. of HOD with seal

Fee for registration

B.D.S.	-Rs.3950/- (For candidates passing from U.P.)
	-Rs.4050/- (For candidates passing from other state)
M.D.S.	-Rs.2000/-
Dental Hygienist } Dental Mechanic }	-Rs.2250/-
Duplicate Registration	-Rs. 2400/-
N.O.C.	-Rs. 1000/-
Good Standing Certificate	-Rs. 5000/-
Renewal Fee for B.D.S.	-Rs. 2500/- (For Five Years @ Rs.500/- per year)
Renewal Fee for DM/DH.	-Rs. 1000/- (For Five Years @ Rs.200/- per year)
Restoration charge	-
Smart Card Fee	- Rs. 250/-
Smart Card Fee (Old/Duplicate)	- Rs. 500/-
Correction Fee	- Rs. 1000/-