**APPLICATION FORM FOR SCREENING TEST**

To be filled by Indian nationals/valid OCI/PINO Card holder issued by the Govt. of India with foreign primary/higher dental qualification(s) for submission to the Dental Council of India on their return to India for appearing in the Screening Test for the purpose of their registration/ recognition of foreign dental qualification.

<table>
<thead>
<tr>
<th>ID Number</th>
<th>Roll Number</th>
<th>Application Form No.</th>
</tr>
</thead>
</table>

**FOR OFFICE USE ONLY**

1. Name (CAPITAL LETTERS) (Leave a blank space between first, middle & last names)

2. Father/Husband's Name

3. Mother's Name

4. Correspondence Address

   Name: 
   Address: 
   City: 
   State: 
   Pin Code:

5. Sex
   - Male
   - Female

6. Date of Birth
   - DD
   - MM
   - YYYY

   Degree:
   - BDS
   - PG Diploma
   - MDS

7. E-mail
   (Write in Bold & Clear manner)


9. Signature of the Candidate (within the box)

10. Nationality
    - i) By Birth/By Domicile
    - ii) Passport No.
    - iii) Date of Issue
    - iv) Place of Issue
    - v) Date & Place of Issue
    - vi) Date of Expiry
    - vii) Date upto which valid

11. Details of previous/lost passport, if any:
    - i) Reason for change of passport
    - ii) Previous Passport No.
    - iii) FIR No. in respect of lost passport

12. Percentage of marks in (10+2) or equivalent Examination passed:
    - English
    - Physics
    - Chemistry
    - Biology
    - Grand Total

13. Have you been granted Provisional Registration by any State Dental Council:
    - Yes
    - No

14. Name of Council

15. Dental Course: Joined on
    - DD
    - MM
    - YYYY

16. Whether Degree has been awarded by the Foreign Dental Institution:
    - Yes
    - No

17. Foreign Dental Institution Code, if any, for Primary/Higher Dental Qualification

18. Form Fee
   - Rs. 1000/-
   - DD/Pay Order No.
   - Amount

19. Examination Fee
   - BDS Rs.
   - PG Diploma Rs.
   - MDS Rs.

Copy of Pay-in-Slip for DD / Pay Order issued by the concerned Bank should be enclosed.
19. Details of the qualifying Examination passed

Name of the Examination passed (10+2) OR equivalent:

<table>
<thead>
<tr>
<th>Subjects</th>
<th>Maximum marks</th>
<th>Marks Obtained</th>
<th>%age</th>
<th>Board Name &amp; Address</th>
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<tbody>
<tr>
<td>i) English</td>
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<td>ii) Physics</td>
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<td>iii) Chemistry</td>
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<td>iv) Biology</td>
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<td>v) Additional subject, if any,</td>
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<td>GRAND TOTAL</td>
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Name of the Institution with Address:

20. If done B.Sc., Please give details of examination passed: Name of the Institution and University with complete address.

21. Details of B.Sc. or Equivalent Qualification

<table>
<thead>
<tr>
<th>Examination Passed</th>
<th>Name of the Institution</th>
<th>University</th>
<th>Passing Year</th>
<th>Subjects</th>
<th>Percentage of marks</th>
<th>Marks Obtain</th>
</tr>
</thead>
</table>

22. If done BDS, Please give details of examination passed: Subject / Marks / Roll No. & Year of Passing / Name of the University etc.

23. Details of BDS or Equivalent Qualification

<table>
<thead>
<tr>
<th>Year</th>
<th>Name of the Institution</th>
<th>University</th>
<th>Passing Year</th>
<th>Subjects</th>
<th>Percentage of marks</th>
<th>Marks Obtain</th>
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24. If done an additional qualification i.e. PG Diploma or equivalent, Please give details of examination passed: Subject / Marks / Roll No. & Year of Passing / Name of the University etc.

<table>
<thead>
<tr>
<th>Registration No. (with city &amp; country)</th>
<th>Address of the Registering Authority</th>
<th>Valid from</th>
<th>Valid upto</th>
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25. Details of PG Diploma or Equivalent Qualification

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<thead>
<tr>
<th>Year</th>
<th>Name of the Institution</th>
<th>University</th>
<th>Passing Year</th>
<th>Subjects</th>
<th>Percentage of marks</th>
<th>Marks Obtain</th>
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26. Specialization __________

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<tr>
<th>Registration No. (with city &amp; country)</th>
<th>Address of the Registering Authority</th>
<th>Valid from</th>
<th>Valid upto</th>
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27. If done Higher Qualification i.e. MDS or Equivalent qualification, Please give details of examination passed: Subject / Marks / Roll No. & Year of Passing / Name of the University etc.

28. Details of Higher Qualification i.e. MDS or Equivalent qualification

<table>
<thead>
<tr>
<th>Year</th>
<th>Name of the Institution</th>
<th>University</th>
<th>Passing Year</th>
<th>Subjects</th>
<th>Percentage of marks</th>
<th>Marks Obtain</th>
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29. Specialization __________
### Details of Thesis under taken

a) Topic of Thesis/Dissertation Submitted:

b) Name of Supervisors with Designation, address & Contact details

c) Date of submission of Thesis

### Immigration details during Period of Study in Foreign Country:

<table>
<thead>
<tr>
<th>Year of Study</th>
<th>Date of Exit from Home Country</th>
<th>Date of Entry into Country of Study</th>
<th>Date of Exit from Country of Study</th>
<th>Date of Entry into Country of Study</th>
<th>Continuous Period of Stay for study</th>
<th>Remarks, if any</th>
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<td>1st year</td>
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Total period of Stay in the Country of Study

### Details of other Foreign visits during period of Study (other than the Country of Study):

<table>
<thead>
<tr>
<th>Name of Country</th>
<th>From</th>
<th>To</th>
<th>Duration</th>
<th>Purpose</th>
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Total period of other Foreign visits during study period

### Whether the Dental Institution(s) indicated in S.No. 22 to 27 above is/are recognised in the country in which they are situated for award of the primary/higher dental qualification.

- Yes
- No

### Whether Internship has been done in the foreign country:

- Yes
- No

a) Duration __________________________ 

b) Roratory/Otherwise __________________________

c) Periods when internship done from

| D | D | M | M | Y | Y | Y | Y | Y | Y | Y | Y |

To

| D | D | M | M | Y | Y | Y | Y | Y | Y | Y | Y |

d) Place(s) where done

- Yes
- No

e) Whether the institution where Internship was done, is recognised by the concerned Dental Council (Country's or Competent Authority)/Dental Council of India

- Yes
- No

### Were you ever deported / rusticated during dental course

- Yes
- No

### DECLARATION

I here by declare & certify that:

a) I am an Indian Citizen/valid OCI/PIO Card Holder issued by the Govt. of India.

b) Particulars given in this application form are true and accurate to the best of my knowledge and belief.

c) The documents submitted as evidence of above facts are original / attested photocopy of original documents.

d) I understand that in case any of the fact stated by me are found to be false or any of the documents enclosed by me are found to be fake, I am liable to be disqualified from appearing in the Screening Test or registration, if granted, shall be liable to be revoked.

e) I am under the obligation to furnish any other relevant information relating to Screening Test as asked by the Council from time to time.

f) Certified that I, the undersigned candidate have filed this application in my own handwriting.

Left Thumb Impression of the Candidate

Right Thumb Impression of the Candidate

Signature of the Candidate

Place: __________________________ Date: __________________________