



DENTAL COUNCIL OF INDIA

(Application Form for Transfer of Registration u/s 46A of the Dentists Act, 1948)

To

The Secretary
Dental Council of India
Opp. Mata Sundari College For Women
Aiwan-E-Galib Marg,
New Delhi – 110 002

Affix latest
coloured passport
size photo here
with name
(do not staple)

Sir,

I, _____ hereby

apply for transfer of my registration under section 46A of the Dentists act, 1948, from the State
Dentists Register of _____

in whose jurisdiction, I am presently registered and practicing dentistry to the State Dentists
Register of _____

2. The requisite information for transfer of registration is specified in the Form 'A' printed on the back /reverse side of this application.
3. The prescribed fee of Rs. 500/- (Rupees Five Hundred only) which has been deposited by Demand Draft/Pay Order (D.D./Pay Order No. _____ dated _____ issued by _____ (Name of Bank) in favour of "Secretary, Dental Council of India" payable at New Delhi, which is not refundable.
4. An 'Original NOC in Annexure-A' from the Registrar of the State Dental Council of _____ with which I am at presently registered, to the effect that all dues in respect of my registration with that Council have been paid up-to-date, is attached herewith.
5. A copy of Aadhaar Card/Election Card/Passport/Pan Card or any other documents in support of his/her identity as DCI may consider appropriate to seek.
6. An original affidavit on the stamp paper of minimum Rs. 10/- duly notarized in case the name has been changed after marriage, if applicable.

Yours faithfully,

Signature of the Applicant

Place _____ Name (In Capital _____)

Date _____

Contd/-.....2

(ON REVERSE OF THE APPLICATION FORM)

DENTAL COUNCIL OF INDIA

Particulars and information to be furnished by the applicant

1. Name of the applicant in full (in CAPITAL LETTERS)

2. Date of Birth _____
3. Nationality _____
4. Father's Name _____
5. Full current residential address _____

_____ Mobile No. _____
Email: _____
6. Full current professional address _____

_____ Mobile No. _____
7. Qualification entitling to registration under the Dentists Act, 1948 _____

8. Name of the State Dental Council with which at present registered _____

9. Registration Number & Part 'A' or 'B' _____
10. Reason for transfer of registration _____

11. Whether the State Dental Council of _____
with which you are at present registered has any disciplinary proceedings pending
against you _____, if
yes, the details thereof.

Date _____

Place _____

Signature of the Applicant

NO OBJECTION CERTIFICATE

NOC No. _____

Dated _____

To

The Secretary
Dental Council of India,
Opp. Mata Sundari College for Women,
Aiwan-E-Galib Marg,
New Delhi - 110 002

Sub: **Issue of No Objection Certificate to Dr. _____ Registration No. A – _____**

Sir,

It is certified that after having verified of all the documents of BDS qualification, Dr. _____ has been registered under part-A with the State Dental Council/Tribunal as per provision of the Dentists Act, 1948, on _____ with registration No. A-_____. The applicant dentist possesses the recognized dental qualification and eligible for registration or to continue her/his registration under the relevant provision of the Dentists Act.

2. She/he vide her/his application dated _____, now, requested for transfer of her/his registration form this State Dental Council to _____ (name of the transferee State Dental Council/Tribunal) and for the said purpose S/he surrendered the Original Registration Certificate on _____ issued by this Council. Therefore, this State Dental Council has no objection for her/his transfer from this State Council/Tribunal to _____ as per u/s 46A of the Dentists Act.

3. No disciplinary proceedings are pending or contemplated against him/her. There is no due/recovery is pending from him/her.

4. This NOC is valid only for 6 months from the date of issuing by this State Dental Council/Tribunal for the purpose of transfer of registration u/s 46A of the Dentists Act, 1948.

5. The name of the applicant shall be deemed to have been deleted from the register of transferor State Dental Council/Tribunal, the movement of the transferee State Dental Council/Tribunal register the name of the dentist after DCI issues its NOC u/s 46A of the Dentists Act.

Yours faithfully,

Registrar
(Name of the State Dental Council/Tribunal)