

FORM-5
(See Rule 5 of Part VIII)
Arunachal Pradesh State Dental Council.
Naharlagan
Registration Certificate of Dental Hygienist

Pass port size
photograph
of the Dental
Hygienist

CERTIFICATE OF REGISTRATION

Registration No.....

Year.....

This is to certify that:-

1. Shri /Smti.....(whose sign is in the box)
son/daughter/wife of born on
...../...../..... (date, month, year) possessing the
qualification(s)..... has been duly registered as
dental hygienist under the Dentists Act, 1948 (Act No. 16 of 1948)in APSDC.
2. Shri /Smti..... has solemnly affirmed to abide by the
Rules of Arunachal Pradesh State Dental Council Rules, 2014 and Dentist (Code of Ethics)
Regulations, 1976 of Dental Council of India.
3. In witness whereof, the seal of the Arunachal Pradesh State Dental Council and the
signature of the Registrar is herewith affixed.
4. Subject to the provision of the said Act this certificate is valid upto
.....

Date of Issue:

Signature of Registrar
With seal

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Important Notice:-

1. Dental Hygienist should sent immediate notice to the Registrar of Arunachal Pradesh State Dental Council if there is any change in the registered address.
2. The Registration must be renewed before the expiry period from the date of last registration or renewal.
3. After the publication of names in the printed Dental Register, the last addition of the Register alone is the legal evidence of registration.
4. The Registered practitioner shall display the Certificate of Registration in a conspicuous part in the place of his/her practice, if he or she has more than one such places, in any one of them.