

**FORM-4**  
**( See Rule 5 of Part VIII )**  
**Arunachal Pradesh State Dental Council**  
**Naharlagun**  
**Registration Certificate of Dental Surgeon**

Pass port size  
photograph  
of the  
registered  
practitioner

**CERTIFICATE OF REGISTRATION**

*This is to certify that.....*

*Son/Daughter/Wife of..... Residing at .....*

*..... Qualification .....*

*..... and whose date of birth is*

*.....has been duly registered as a Dental Surgeon*

*Under section 34 of Dentist's Act, 1948 (xvi of 1948) in Arunachal Pradesh State Dental Council*

*Registration no..... Part - .....*

*Date of first admission into the register.....*

*Signature of registered Dental surgeon*

*Registrar*

.....

1. Verification of certificate holder in person may be made by the council as and when necessary.
2. Registered practitioners should send immediate notice to the Registrar of Arunachal Pradesh State Dental Council if there is any change in the registered address.
3. The Registration must be renewed before the expiry period from the date of last registration or renewal.
4. After the publication of names in the printed Dental Register, the last addition of the Register alone is the legal evidence of registration.
5. 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.
6. This certificate is valid up to.....