

APPENDIX-B
(See Rule 1 of Part VIII)
Arunachal Pradesh State Dental Council

Photographs of
Dental
Hygienists

Format For Registration Of Dental Hygienists

Sl. No.	Name	Father's/ Husband's name	Mother's name	Gender	Nationality	Date of birth (DD/MM/YY)	Address		
							Residential Address	Permanent Address	Professional address
1	2	3	4	5	6	7	8	9	10

Telephone No./ Fax No./ E-mail Id	Category (General/ APST)	Qualification							
		General Degree				Dental Degree			
		Description of Qualification	Institution	Board/ University	Year of Passing	Description of Qualification	Dental College/ Institution	Board/ University/ Licensing Body	Year of qualification
11	12	13	14	15	16	17	18	19	20

DCI Registration if any	Registration No.	Registration in other state, if any			APSDC Registration No.		Initial of Registrar	Remarks
		Date of Registration	Registration No.	Authority under whom registered	Date	Registration No.		
21	22	23	24	25	26	27	28	29

Additional qualification					Initial of Registrar	Remarks	Removal from Register				
Degree	Year of Qualification	Dental College/ Institution	Board/ Council/ University /Licensing Body	Date of entry in APSDC Register			Other State/ Central		APSDC		Initial of Registrar
							Date	Reason	Date	Reason	
30	31	32	33	34	35	36	37	38	39	40	41

Restoration of Name in the Register									
Other State/ Central		APSDC		Initial of Registrar	Remarks	Renewal		Initial of Registrar	Remarks
Date	Reason	Date	Reason			Renewal Due date	Renewed on		
42	43	44	45	46	47	48	49	50	51