

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

Format For Registration Of Dental Mechanics

Photographs
of Dental
Mechanic

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

Telepho ne No./ Fax No./ E- mail Id	Category (General/ APST)	Qualification							
		General Degree				Dental Degree			
		Descript ion of Qualific ation	Institu tion	Board/ Universi ty	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