

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

Format For Registration Of Dental Surgeon ,Part-A

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/ internship
11	12	13	14	15	16	17	18	19	20

DCI Registrati on 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	Rem arks	Removal from Register				
Degree	Year of Qualifi cation	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			Renew al Due date	Renewe d on		
42	43	44	45	46	47	48	49	50	51