

**UNDERTAKING**  
**(Renewal of Registration)**

I ..... son/daughter of .....

..... residing at .....

..... Date of Birth .....

(dd/mm/yy), do hereby solemnly affirm and state that :

1. I am continuously residing at the above mentioned address since ..... years.

2. I am registered with Delhi Dental Council since.....

3. I do hereby undertake that the certificates/testimonials, submitted by me, are true and authentic. I do undertake the full responsibility on the authenticity of these certificates/testimonials.

4. I do hereby undertake and declare that I have read and understood the provisions contained in Revised Dentists (Code of Ethics) Regulations, 2014. I do hereby agree to abide by the same.

Signature : .....

Name : .....

Dated : .....

Mobile : .....

Email Id: .....

Paste your latest  
Photo with  
Cross signature