

UNDERTAKING
(First 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 not registered with any other State Dental Council.
3. I am applying first time for the registration and previously I never applied for the registration.
4. 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.
5. 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
Photograph with
Cross signature