DENTAL COUNCIL OF INDIA

(Ministry of Health & Family Welfare, Govt. of India)

AIWAN-E-GALIB MARG, KOTLA ROAD, NEW DELHI-110002

Application Form for Eligibility Certificate for getting admission to Graduate / Post Graduate Dental Courses from a Foreign Dental Institution

(As per the procedure for obtaining the 'Eligibility Certificate' prior to admissions in any authority/institution outside India under Regulation 16 of DCI Screening Test Regulations, 2009)

Application Form No.

APPLICATION FOR ELIGIBILITY CERTIFICATE FOR

☐ BDS   ☐ PG DIPLOMA   ☐ MDS

TO BE FILLED IN CAPITAL LETTER ONLY

(Read instructions carefully before filling up the Form)

PHOTOGRAPH

1. Paste here (do not pin or steple) a recent passport size colour photograph with name plate bearing name & date on it.
2. The photograph should NOT exceed this box.
3. The photograph to be affixed here should NOT be attested.
4. If the photograph is not clear, the application will be rejected.

1. Name (CAPITAL LETTERS) (Leave a blank space between first, middle & last names)

2. Father's/Husband's Name

3. Mother's Name

4. Sex   ☐ Male   ☐ Female

5. Date of Birth   D D   M M   Y Y Y Y

6. Age (as on 31st Dec. of admission year)   YEARS   MONTHS   DAYS

7. Category (General/SC/ST/OBC/Others)

8. Two visible identification marks   a)   b)

9. Present Address

Name: ....

Address: ....

....

....................................City: ....

State: ....

Pin Code :

10. Permanent Address

Name: ....

Address: ....

....

....................................City: ....

State: ....

Pin Code :

11. E-mail (Write in Bold & Clear manner), if any _____

12. STD Code   Telephone Number

13. Mobile Number

14. Nationality

i) By Birth/By Domicile

ii) Passport No., if any

iii) Date of Issue   D D   M M   Y Y Y Y

vi) Date upto which valid   D D   M M   Y Y Y Y

v) Place of Issue

MSN

15. Details of the qualifying Examination passed

Name of School: ....
....
Address: ....
....
....City: ....
State: ....

Pin Code : ☐☐☐☐☐☐

Name of Board: ....
....
Address: ....
....
....City: ....
State: ....

Pin Code : ☐☐☐☐☐☐

Date of Joining	Month & Year of Completion	Roll No.	Result
☐☐ ☐☐☐☐	☐☐ ☐☐☐☐	☐☐☐☐☐☐☐☐☐☐	☐
M M Y Y Y Y	M M Y Y Y Y		

Subjects	Maximum marks		Marks Obtained		Result (Pass/Fail)	%age
	Theory	Practical	Theory	Practical		
i) English	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐	☐•☐☐
ii) Physics	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐	☐•☐☐
iii) Chemistry	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐	☐•☐☐
iv) Biology	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐	☐•☐☐
v) Additional subject, if any,	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐	☐•☐☐
GRAND TOTAL	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐	☐•☐☐

16. B.Sc. or any other University Examination (If any):

Name of Institution: ....
....
Address: ....
....
....City: ....
State: ....

Pin Code : ☐☐☐☐☐☐

Name of University: ....
....
Address: ....
....
....City: ....
State: ....

Pin Code : ☐☐☐☐☐☐

Date of Joining	Month & Year of Completion	Roll No.	Result
☐☐ ☐☐☐☐	☐☐ ☐☐☐☐	☐☐☐☐☐☐☐☐☐☐	☐
M M Y Y Y Y	M M Y Y Y Y		

Subjects	Maximum marks		Marks Obtained		Result (Pass/Fail)	%age
	Theory	Practical	Theory	Practical		
i) English	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐	☐•☐☐
ii) Physics	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐	☐•☐☐
iii) Chemistry	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐	☐•☐☐
iv) Biology	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐	☐•☐☐
v) Additional subject, if any,	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐	☐•☐☐
GRAND TOTAL	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐	☐•☐☐

MSN

17. BDS or equivalent course (If any):

Name of Institution: ....

....

Address: ....

....

....City: ....

State: ....

Pin Code : ☐☐☐☐☐☐

Name of University: ....

....

Address: ....

....

....City: ....

State: ....

Pin Code : ☐☐☐☐☐☐

Date of Joining	Month & Year of Completion	Roll No.	Result
☐☐ ☐☐☐☐	☐☐ ☐☐☐☐	☐☐☐☐☐☐☐☐☐☐	
M M Y Y Y Y	M M Y Y Y Y		

Subjects	Maximum marks		Marks Obtained		Result (Pass/Fail)	%age
	Theory	Practical	Theory	Practical		
i)	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐	☐·☐
ii)	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐	☐·☐
iii)	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐	☐·☐
iv)	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐	☐·☐
v)	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐	☐·☐
vi)	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐	☐·☐
vii)	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐	☐·☐
viii)	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐	☐·☐
ix	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐	☐·☐
x)	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐	☐·☐
GRAND TOTAL	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐	☐·☐

18. Details of the Foreign Dental College/Institution at which Admission Is sought by the Candidate

Name of Institution: ....

....

Address: ....

....

....City: ....

State: ....Country:...............................

Pin Code : ☐☐☐☐☐☐

Name of University by which the degree is to be awarded:

....

Address: ....

....

....City: ....

State: ....Country:...............................

Pin Code : ☐☐☐☐☐☐

19. Complete details of the dental course for which the eligibility certificate is being sought.

a). Name of the Course.

_____

_____

b).	Whether the course is recognised by their respective country/councils/governments for practice purpose, if yes ☐ Yes ☐ No

c).	Whether an attested copy of registration of the State Dental Council of the respective country has been enclosed. ☐ Yes ☐ No

d).	Whether the course is recognised for PG teaching in respective university/institution. ☐ Yes ☐ No

e).	Duration of the course. _____

f).	Whether the duration of the course is at par with the same course conducted by Indian Institution. ☐ Yes ☐ No

g).	Exact Date of commencement of the academic session. _____

h).	Tentative date of completion of the course. _____

i).	Whether the course is a full time. ☐ Yes ☐ No

j).	Whether the course is an in-house course and not an online course or correspondence course. ☐ Yes ☐ No

k).	Whether the eligibility criteria for admission in terms of educational qualification, age, percentage etc. is similar to the Indian universities, if yes (give the details) ☐ Yes ☐ No

_____

_____

_____

_____

_____

_____

_____

_____

l).	Is there any Internship provision (if yes, give the details): ☐ Yes ☐ No

	i)	Duration _____	ii)	Roratory/Otherwise _____

m).	Whether the course content are similar to that of India. ☐ Yes ☐ No

n).	Whether the examination pattern is similar to that of India. ☐ Yes ☐ No

o).	Whether the subject wise teaching hours are similar to that of India.
	If yes, please indicate the following details

Total Hours	Clinical	Academic	Field

	In case of PG courses, please indicate (on a separate white sheet) subject of specialization, Thesis, Clinical work requirement, Seminars, Journal Club, No. of Conferences to be attended, Examination pattern, Faculty details (if any).

_____

_____

_____

p).	Whether a copy of prospectus indicating the syllabus as well as other informations have been enclosed ☐ Yes ☐ No

20.	Details of payment of fees :

	Eligibility Certificate Fee:	☐ CASH	☐ DD	☐ Pay Order

	(i)	Paid by Cash/Demand Draft of Rs. 1,000.00 (Rs. One thousand only)

	(ii) If paid by demand draft, details thereof :

	Name and address of issuing bank _____

	Demand Draft Number and date _____

	Amount Rs. _____

Place: _____	Date: _____

Signature of the Applicant

4

DECLARATION

I declare that the entries made by me in this Form are true to my knowledge and I understand that I am liable for action under the law for any false information or document produced by me without any notice from DCI, New Delhi.

I also understand that the Dental Council of India shall be free to investigate on its own into the correctness of information furnished by me in this application and/or call for any further information in this regard from me and in the event of any information furnished by me being found to be incorrect or false during such investigation or at any subsequent stage, the Council may refuse to issue the eligibility certificate or if already issued may cancel the same and I shall stand debarred from appearing in the Screening Test prescribed in Dental Council of India Screening Test Regulations, 2009 and any other rule and regulation framed by DCI, New Delhi without any notice.

I understand that after obtaining the foreign recognized primary dental qualification, and subject to the verification as contained above, I have to pass a screening test prescribed under the Dentists Act, 1948 read with the Procedure for obtaining the 'Eligibility Certificate' prior to admissions in any authority/institution outside India in a Dental Council of India Screening Test Regulations, 2009 before grant of Registration by any of the State Dental Council.

(Signature of Candidate)

Date : ....
Place : ....

INSTRUCTIONS

(Read Instructions carefully before filling up the Eligibility Form)

1) Incomplete documents will not be accepted. Application must be complete in all respects. No alteration will be allowed to be made in the application form after it has been submitted to the Council.

2) The Form should be filled up using Capital letters in candidate's own legible handwriting.

3) Demand draft for Rs.1000/- (Rupees One Thousand only) in favour of "The Secretary, Dental Council of India", payable at New Delhi. On reverse of demand draft please mention applicant's Name, Father's Name, purpose for which the draft submitted and Telephone Number. In case payment is made in cash then it will be made only to authorized officer in accounts section. A copy of receipt will be attached with the application and details of such payment filled by applicant in the form. No payment will be made in cash to any person of DCI at the counter, or anywhere else except in account section.

4) Applicant is required to affix one recent front view photograph on the application form and also attach three passport size photographs.

5) All the documents should be submitted in original (alongwith three legible attested photocopies)

6) Original Matriculation Certificate showing Date of Birth (with three attested photocopies.)

7) Original Marksheet of the 11th class (with three attested photocopies).

8) Original +2 Marksheet & pass Certificate (with three attested photocopies).

9) Original SC/ST/OBC Certificate (with three attested photocopies) (in case of reserved category candidates) and a copy of English Version in case of Caste Certificate is in regional language.

10) Original Proof of Admission in Foreign Dental University (alongwith three attested photocopies)

11) Applicant to retain one copy of application form and draft for future reference.

12) Proof of recognition of the Course with the respective dental council or any other competent authority of the country for which the applicant has sought the eligibility certificate.

13) A copy of prospectus/broucher indicating complete detains in respect of syllabus, course curriculum, admission criteria etc. issued by the Dental Institution outside India for which the candidate has sought the eligibility certificate.