



# DENTAL COUNCIL OF INDIA

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

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

## APPLICATION FORM FOR SCREENING TEST

To be filled by Indian nationals/valid OCI/PIO Card holder issued by the Govt. of India with foreign primary/higher dental qualification (s) for submission to the Dental Council of India on their return to India for appearing in the Screening Test for the purpose of their registration/recognition of foreign dental qualification.

### FOR OFFICE USE ONLY

ID Number

Roll Number

Application Form No.

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

**TO BE FILLED IN CAPITAL LETTER ONLY**

2. Father's/Husband's Name

3. Mother's Name

4. Correspondence Address

Name: .....

Address: .....

.....

.....

City: .....

State: .....

Pin Code :

5. Sex

Male  Female

6. Date of Birth

<input type="text"/>							
D	D	M	M	1	9		

BDS  PG DIPLOMA  MDS

### FOR OFFICE USE ONLY

7. E-mail (Write in Bold & Clear manner)

8. Country / STD Code

Telephone No./Mobile No.

10. Nationality

i) By Birth/By Domicile

ii) Passport No.

iii) Date of Issue

<input type="text"/>							
D	D	M	M	Y	Y	Y	Y

vi) Date upto which valid

<input type="text"/>							
D	D	M	M	Y	Y	Y	Y

v) Place of Issue

11. Details of previous/lost passport, if any:

ii) Previous Passport No.

iii) FIR No. in respect of lost passport

i) Reason for change of passport

iv) Date & Place of Issue

v) Date of Expiry

9.

### PHOTOGRAPH

1. Paste here (do not pin or staple) 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.

12. Signature of the Candidate (within the box)

13. Percentage of marks in (10+2) or equivalent Examination passed:

English

Physics

Chemistry

Biology

Grand Total

<input type="text"/>					
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14. Have you been granted Provisional Registration by any State Dental Council:

Yes  No

If yes, Please give details of: Registration No.

Date

<input type="text"/>							
D	D	M	M	Y	Y	Y	Y

Name of Council

15. Dental Course : Joined on

<input type="text"/>							
D	D	M	M	Y	Y	Y	Y

Completed on

<input type="text"/>							
D	D	M	M	Y	Y	Y	Y

16. Whether Degree has been awarded by the Foreign Dental Institution:  Yes  No

17. Foreign Dental Institution Code, if any, for Primary/Higher Dental Qualification

18. Form Fee  Rs. 1000/-\* DD/Pay Order No.:

Amount :

(\*Application Form may download from DCI website)

19. Examination Fee (Please mark (X) in the appropriate box)

BDS Rs.

DD/Pay Order No.:

Amount :

PG Diploma Rs.

MDS Rs.

Name of the Bank:

Copy of Pay-in-Slip for DD / Pay Order issued by the concerned Bank should be enclosed.

19. Details of the qualifying Examination passed

Name of the Examination passed (10+2) OR equivalent):	
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	Subjects	Maximum marks	Marks Obtained	%age					
i)	English	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Board Name & Address <hr/> <hr/> <hr/> <hr/>				
ii)	Physics	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>					
iii)	Chemistry	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>					
iv)	Biology	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>					
v)	Additional subject, if any,	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>					
GRAND TOTAL		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Month & Year of Passing <table style="margin: auto;"> <tr> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td style="text-align: center;">M M</td> <td style="text-align: center;">Y Y Y Y</td> </tr> </table>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	M M	Y Y Y Y
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>								
M M	Y Y Y Y								

Name of the Institution with Address:

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20. If done B.Sc., Please give details of examination passed: Name of the Institution and University with complete address.

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21. Details of B.Sc. or Equivalent Qualification

Examination Passed	Name of the Institution	University	Passing Year	Subjects	Percentage of marks	Marks Obtain

22. If done BDS, Please give details of examination passed: Subject / Marks / Roll No. & Year of Passing / Name of the University etc.

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23. Details of BDS or Equivalent Qualification

Year	Name of the Institution	University	Passing Year	Subjects	Percentage of marks	Marks Obtain
1 <sup>st</sup> Year						
2 <sup>nd</sup> Year						
3 <sup>rd</sup> Year						
4 <sup>th</sup> Year						
5 <sup>th</sup> Year						

Registration No. (with city & country)	Address of the Registering Authority	Valid from	Valid upto

24. If done an additional qualification i.e. PG Diploma or equivalent, Please give details of examination passed: Subject / Marks / Roll No. & Year of Passing / Name of the University etc.

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25. Details of PG Diploma or Equivalent Qualification

Year	Name of the Institution	University	Passing Year	Subjects	Percentage of marks	Marks Obtain
1 <sup>st</sup> Year						
2 <sup>nd</sup> Year						

26. Specialization \_\_\_\_\_

Registration No. (with city & country)	Address of the Registering Authority	Valid from	Valid upto

27. If done Higher Qualification i.e. MDS or Equivalent qualification, Please give details of examination passed: Subject / Marks / Roll No. & Year of Passing / Name of the University etc.

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28. Details of Higher Qualification i.e. MDS or Equivalent qualification

Year	Name of the Institution	University	Passing Year	Subjects	Percentage of marks	Marks Obtain
1 <sup>st</sup> Year						
2 <sup>nd</sup> Year						
3 <sup>rd</sup> Year						

29. Specialization \_\_\_\_\_

Registration No. (with city & country)	Address of the Registering Authority	Valid from	Valid upto

30. Details of Thesis under taken

a) Topic of Thesis/Dissertation Submitted:

\_\_\_\_\_

b) Name of Supervisors with Designation, address & Contact details

c) Date of submission of Thesis

31. Immigration details during Period of Study in Foreign Country:

Year of Study	Date of Exit from Home Country	Date of Entry into Country of Study	Date of Exit from Country of Study	Date of Entry into Country of Study	Continuous Period of Stay for study	Remarks, if any
1st year						
2nd year						
3rd year						
4th year						
5th year						
Total period of Stay in the Country of Study						

32. Details of other Foreign visits during period of Study (other than the Country of Study):

Name of Country	From	To	Duration	Purpose
Total period of other Foreign visits during study period				

33. Whether the Dental Institution (s) indicated in S.No. 22 to 27 above is/are recognised in the country in  Yes  No which they are situated for award of the primary/higher dental qualification.

34. Whether Internship has been done in the foreign country:  Yes  No

a) Duration \_\_\_\_\_ b) Roratory/Otherwise \_\_\_\_\_

c) Periods when internship done from

To

D	D	M	M	Y	Y	Y	Y

D	D	M	M	Y	Y	Y	Y

d) Place (s) where done

e) Whether the institution where Internship was done, is recognised by the concerned Dental Council (Country's or Competent Authority)/Dental Council of India  Yes  No

35. Were you ever deported / rusticated during dental course  Yes  No

**DECLARATION**

**I here by declare & certify that:**

- I am an Indian Citizen/valid OCI/PIO Card Holder issued by the Govt. of India.
- Particulars given in this application form are true and accurate to the best of my knowledge and belief.
- The documents submitted as evidence of above facts are original / attested photocopy of original documents.
- I understand that in case any of the fact stated by me are found to be false or any of the documents enclosed by me are found to be fake, I am liable to be disqualified from appearing in the Screening Test or registration, if granted, shall be liable to be revoked.
- I am under the obligation to furnish any other relevant information relating to Screening Test as asked by the Council from time to time.
- Certified that I, the undersigned candidate have filed this application in my own handwriting.

Left Thumb Impression of the Candidate

Right Thumb Impression of the Candidate

Signature of the Candidate

Place: \_\_\_\_\_

Date: \_\_\_\_\_