INFORMATION BULLETIN & APPLICATION FORM

SCREENING TEST
FOR
INDIAN NATIONALS WITH FOREIGN DENTAL QUALIFICATIONS
MARCH 2010

DENTAL COUNCIL OF INDIA
(Ministry of Health & Family Welfare, Govt. of India)

Cost of Bulletin, Application Form, Regulations & Syllabus : Rs. 1000/-
(Application forms may be downloaded from website www.dciindia.org. Downloaded forms have to be submitted alongwith bulletin & form fee of Rs.1000/- by a Demand Draft / Pay Order issued by an Indian Bank (non refundable) in favour of Secretary, DCI payable at New Delhi)
1. **INTRODUCTION**

**SCREENING TEST FOR INDIAN NATIONALS WITH FOREIGN DENTAL QUALIFICATIONS**

As per the Dental Council of India Screening Test Regulations, 2009, an Indian citizen possessing an Undergraduate/Post Graduate Degree or Diploma in dental education awarded by any dental institution outside India who is desirous of getting registration with the concerned State Dental Council on or after 13th August, 2009 shall have to qualify a screening test. At present, the prescribed authority/Dental Council of India conducts the Screening Test in the Month of March and September every year.

The language of the test is English and the examination is an objective Type Test only (MCQ, single correct response type).

2. **INSTRUCTIONS**

1. Instructions in the booklet are liable to changes from time to time. Candidates are required to refer to the latest bulletin or corrigendum that may be issued to incorporate these changes.

2. Application forms may be downloaded from website www.dciindia.org. Downloaded forms have to be submitted alongwith bulletin & form fee of Rs.1000/- by a Demand Draft / Pay Order issued by an Indian Bank (non refundable) in favour of Secretary, DCI payable at New Delhi.

3. No Queries of the Candidate/Guardians/Parents will be entertained on Telephone with regard to the eligibility and disclosures of their results.

4. Candidates, for eligibility criteria, should go through the bulletin carefully before writing to the Council.

5. Incomplete applications or applications not in accordance with instructions will not be entertained and declared ineligible. In such cases, the entire fees will be forfeited.

6. Candidates are required to submit all the requisite annexure with the application form; lack of relevant annexure may lead to cancellation of application form and fees forfeited.

7. Candidates should have passed the Undergraduate Dental Qualification i.e. BDS or Equivalent degree and must submit proof of passing the same with the application form. In absence of Proof of Passing certificate before the last date of application submission, the application shall be treated as incomplete and fees forfeited.

8. **Candidates are advised to fill their postal address correctly as this address shall be used for sending the Roll Numbers and Results.**

9. Fees once paid will neither be carried forward to a future date nor be refunded under any circumstances.

10. Applications for candidates producing false or fabricated records will not be considered and will be further debarred from appearing in the future examination of the board. Legal action will be taken if false or fabricated records are submitted.

11. Roll numbers / results can be seen at the website www.dciindia.org.

12. Result of successful candidates will be communicated individually by post.

13. If the Roll number cum Admit Card is not received, the same may be downloaded from the website and quoted. Candidates are advised to bring in original any of the following as an Identity proof. Passport, Driving License issued by Government, Election Photo I Card.

14. Appearance or success in the screening test does not confer any right whatsoever on a candidate.
15. Registration by the State Dental council is subject to fulfillment of DCI/State Dental Council criteria.

16. Undertaking by candidate as per Annexure A & B has to be submitted with application form.

17. The notifications, regulations etc. issued by the Government of India, Dental Council of India from time to time may be referred to for eligibility Criteria, pattern & schedule of exam.

18. The Dental Council of India reserves its absolute right to withdraw eligibility if granted inadvertently to any candidate who is otherwise ineligible to appear in the Screening Test at any stage i.e. the Roll Number/Hall Ticket even if issued can be withdrawn, result and candidature cancelled if Dental Council of India is satisfied that the candidate is ineligible and roll number issued erroneously or inadvertently.

19. All disputes are subject to Jurisdiction at Delhi/New Delhi in the Delhi High Court/ Competent Courts.

3. FEE STRUCTURE

a) Examination fee Rs. 75,000/- (Rupees Seventy Five Thousand only) for MDS

b) Examination fee Rs. 50,000/- (Rupees Fifty Thousand only) for BDS and PG Diploma.

c) For 2\textsuperscript{nd} and 3\textsuperscript{rd} attempt, the candidate is required to pay Rs. 35,000/- (Rupees Thirty Five Thousand only) for MDS Course/PG Diploma Course and Rs.25,000/- (Rupees Twenty Five Thousand only) per attempt for BDS Course.

   (To be paid only for Internet Downloaded Forms)

d) The fees have to be paid by a single demand draft and the Bank Draft should be in favour of Secretary, Dental Council of India payable at New Delhi.

4. ELIGIBILITY CRITERIA

No person shall be allowed to appear in the screening test unless:

i) He / She is a citizen of India.

ii) Possesses primary Dental qualifications that are recognized by the Government of the country issuing that qualification and the holder of that qualification is entitled for practice in that country. The said Dental School with qualification must be listed in WHO directory.

iii) He / She had obtained. Eligibility Certificate from the Dental Council of India (applicable only in respect to students who took admission abroad on or after 13\textsuperscript{th} August, 2009. This requirement shall not be necessary in respect of Indian citizens who have obtained admission in foreign Dental institution on or before 13\textsuperscript{th} August, 2009.

iv) All students who have taken admission abroad prior to 13\textsuperscript{th} August, 2009 and are required to qualify the Screening Test for their registrations shall be allowed to appear in the Screening Test even if they do not meet the minimum admission norms of DCI for joining undergraduate Dental course.

v) From 13\textsuperscript{th} August, 2009 and onwards all students are required to obtain an Eligibility Certificate from DCI before proceeding abroad for studies in Dentistry.

vi) Candidates may also refer the BDS/MDS/PG Diploma Regulations, Screening Test Regulations, Eligibility Certificate Regulations issued by Dental Council of India. The same are available at www.dciindia.org or may be obtained from Secretary, Dental Council of India, Aiwan-E-Galib Marg, Kotla Road, New Delhi-110002, Telephone: 011-23238542, 23236740.

5. Equivalency of foreign dental qualifications to Indian Universities
(1) Only full time in-house courses shall be considered for equivalence of foreign dental qualification to the qualification awarded by the Indian universities.

(2) The Primary Dental Qualification with the minimum duration of 5 years shall be equivalent to BDS Degree awarded by an Indian university. However, this duration may be relaxed in case of candidate already passed out from foreign institution on or before the date of publication of these regulations.

(3) The higher Dental Qualification with the minimum duration of 2 years shall be additional qualification equivalent to PG Diploma awarded by an Indian university in concerned speciality.

(4) The higher dental qualification with the duration of 3 years shall be equivalent to MDS Degree awarded by an Indian university in concerned speciality.

### 6. Examination Pattern of Screening Test

The Screening Test shall include the following papers and each paper shall carry the number of marks as shown against each:

#### I. MDS Course

<table>
<thead>
<tr>
<th>Paper</th>
<th>Subject</th>
<th>Duration</th>
<th>Minimum Marks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paper-I</td>
<td>Applied Basic Sciences</td>
<td>2 Hour</td>
<td>100</td>
</tr>
<tr>
<td>Paper-II</td>
<td>Concerned Clinical Speciality</td>
<td>2 Hour</td>
<td>150</td>
</tr>
<tr>
<td>Paper-III</td>
<td>Viva-voce</td>
<td>½ Hour</td>
<td>50</td>
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</tbody>
</table>

#### II. PG Diploma Course

<table>
<thead>
<tr>
<th>Paper</th>
<th>Subject</th>
<th>Duration</th>
<th>Minimum Marks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paper-I</td>
<td>Basic Medical and Dental Science</td>
<td>2 Hour</td>
<td>100</td>
</tr>
<tr>
<td>Paper-II</td>
<td>Concerned Clinical Speciality</td>
<td>2 Hour</td>
<td>150</td>
</tr>
<tr>
<td>Paper-III</td>
<td>Viva-voce</td>
<td>½ Hour</td>
<td>50</td>
</tr>
</tbody>
</table>

#### Compulsory Clinical Training

The candidate who qualifies the Screening Test for recognition of his MDS Degree/PG Diploma shall, before issue of the necessary passing certificate to him/her, have to undergo a compulsory clinical competence training for a period of 12 weeks under the guidance of a specialist in the concerned speciality at a dental institution specified by the Dental Council of India for the purpose.

#### III. BDS Course

<table>
<thead>
<tr>
<th>Paper</th>
<th>Subject</th>
<th>Duration</th>
<th>Minimum Marks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paper-I</td>
<td>Basic Medical Science</td>
<td>2 Hour</td>
<td>100</td>
</tr>
<tr>
<td>Paper-II</td>
<td>Dental Science</td>
<td>2 Hour</td>
<td>150</td>
</tr>
<tr>
<td>Paper-III</td>
<td>Viva-voce</td>
<td>½ Hour</td>
<td>50</td>
</tr>
</tbody>
</table>

Note: - (1) Syllabus for the Screening Examination shall be as per the Council’s BDS, PG Diploma and MDS Courses Regulations as amended from time to time.

(2) To qualify the Screening Test, the minimum pass marks shall be 50% in each paper. The minimum qualifying marks shall apply to all categories of candidates without any exception.

(3) The language of the test shall be English.

(4) The person who obtains such minimum qualifying marks in the written Test shall be called for Viva-voce.
A candidate may avail of maximum three chances to appear and pass the test. Actual appearance at the test will constitute an attempt. If he/she does not qualify even in his/her 3rd appearance in the test, the candidate will not be eligible for registration by any State Dental Council.
7. **EXAM / EXAMINATION CENTRES**

a) The exam shall be held at New Delhi on .................

b) The timing for the exam are:

   (i) First Session: 10:00 AM to 12:30 PM
   
   (ii) Second Session: 02:00 PM to 04:30 PM

 c) The Reporting time for candidates for the first and second session is 09:30 AM and 01:30 PM respectively.

d) The exact venue of exam shall be intimated by Hall Ticket to all eligible candidates.

e) The same may also be seen on the website www.dciindia.org

8. **DECLARATION OF RESULT**

a) The Result of the Screening Test shall be declared on the website of the Council (www.dciindia.org).

b) Successful candidates shall be sent certificate of passing the screening Test at the postal address so mentioned in the application form.

c) It is likely that the results shall be declared within a month of the conduct of Screening Test. However, this period may vary.

 d) The certificates of passing the Screening Test shall be sent to successful candidates by SPEED POST ONLY. The same are likely to be dispatched within a month of the declaration of results. However, this period may vary. The same will most probably be despatched within a month of declaration of result.

e) Candidates are advised not to approach the Dental Council of India for handing over the certificates by hand or in person as the same will be sent by post or by any other mode as the Council considers fit.

9. **VERIFICATION OF DOCUMENTS / CREDENTIALS**

Candidates are required to submit attested (self attested and by Gazetted Officer) copies of the following along with the application form:

i) Copy of the passport with all the pages

ii) Date of Birth (Class Xth certificate)

iii) 10+2 passing certificate

iv) 10+2 mark sheet

v) Certificate of Passing Primary Dental Qualification i.e. BDS/MDS/PG Diploma or equivalent degree certificate/mark sheet. This has to be attested by the Embassy of India in the country where the degree is issued.

vi) Internship Certificate (if done abroad)

vii) Eligibility Certificate issued by DCI (if available)

viii) Translated copies (in English /Hindi) to be furnished if the certificates are in language other than English /Hindi.
CANDIDATES TO ENSURE THAT ATTESTED COPIES OF ALL THE CERTIFICATES MENTIONED ABOVE ARE SUBMITTED WITH THE APPLICATION FORM; FAILURE TO SUBMIT THE SAME WITH APPLICATION FORM SHALL LEAD TO THE APPLICATION FORM BEING TREATED AS INCOMPLETE & FEES FORFEITED. NO CORRESPONDENCE IN THIS REGARD MAY BE ENTERTAINED BY THE BOARD.

10. INSTRUCTIONS FOR FILLING THE APPLICATION FORM
a) Write in capital letters only and tick the required information in the boxes wherever provided.
b) Please note that your name, your father’s name, and your date of birth should be exactly the same as in your High School or your first Board/University examination Certificate.
c) A total of 3 copies of recent passport size photograph of the applicant are required (One Pasted on application form and two photographs without any attestation pasted on a sheet of paper). The photographs must bear name plate with name & date of the candidate.
d) The candidate at places indicated must sign application form. Without signature application form will not be considered.
e) The candidate is directed to give the postal address in capital letters with pin code number.

11. ADMIT CARDS
a) Admit Card will be issued to all eligible candidates whose complete Application Forms have been received by the Council on or before the last date of receiving the application form.
b) The Candidate should carefully examine the Admit Card and ensure that all the entries therein are correct. In case of any discrepancy, the same shall be brought to notice of the Council.
c) The Admit Card is not transferable to any other person. Impersonation is punishable offence under law.
d) All candidates shall carefully preserve the Admit Card till the registration process is complete.
e) Non-receipt of Admit Card: Candidates are advised to take a print out of their Roll nos. from website and paste one photo (self attested) on the same. Candidates are advised to bring his/her Passport as a proof of identification.
f) Dental Council of India will not be responsible for any postal delay or unforeseen reasons resulting in non/late receipt of the Admit Card.
g) A plea that the candidate failed to receive the information for appearing in the Screening Test will not be accepted as a ground for the refund of fee or any other redress.
h) Dental Council of India reserves the right to withdraw the permission, if any, granted inadvertently to any candidate who is not eligible to appear in the Screening Test even though an Admit Card has been issued or name displayed on the website of the Board.
i) Issuance of Admit Card or display of the candidates name on the website of the Board does not confer any right whatsoever by the candidate for his/her eligibility for the purpose of registration by DCI.

12. SUBMISSION OF APPLICATION FORM & CHECK LIST
Check List:

The following documents are required to be attached:
(Please arrange in following order)

a) Bank Draft
b) Application Form
c) Annexure-A. (Declaration form) duly signed by the candidate
d) A copy of the passport with all pages.
e) Copy of 10th passing certificate (for date of birth)
f) Copy of 10+2 passing certificate
g) Copy of 10+2 mark sheet
h) Copy of undergraduate Dental qualification
i) Copy of internship certificate (if done abroad)
j) Copy of eligibility certificate issued by DCI (if applicable)
k) Total Three copies of recent passport sized photographs of applicant (one on the Application Form, Two Photos pasted on a sheet of paper)

Note: Translated copies (in English / Hindi) of primary Dental qualification another certificates if the above are in language other than English / Hindi

The completed application form must be received in the office of Dental Council of India on or before the 31st August, 2009. Application received after the cut off date shall not be accepted and returned to the applicant. Application may be sent to The Secretary, Dental Council of India, Aiwan-E-Galib Marg, Kotla Road, New Delhi-110002.

CANDIDATES TO ENSURE THAT ATTESTED COPIES OF ALL THE CERTIFICATES MENTIONED ABOVE ARE SUBMITTED ALONG WITH THE APPLICATION FORM; FAILURE TO SUBMIT THE SAME WITH APPLICATION FORM SHALL LEAD TO THE APPLICATION FORM BEING TREATED AS INCOMPLETE & FEES FORFEITED. NO CORRESPONDENCE IN THIS REGARD SHALL BE ENTERTAINED.

13. DECLARATION BY THE CANDIDATE

The candidate MUST sign the declaration (column ........... of the application form).

The place and date should also be mentioned.

Application Form without signature or with different signature at two places will be treated as incomplete and will be rejected.

The Declaration as per Annexure–A & B as given in the Information Bulletin has to be compulsorily submitted with the application form.

14. Procedure for obtaining the ‘Eligibility Certificate’ prior to admissions in any authority/institution outside India

(1) The person who is an Indian citizen and possesses the minimum qualification for admission in BDS Course/PG Diploma/MDS Course as prescribed in Dental Council of India’s respective Course Regulations, from India or an equivalent examination from abroad and is desirous of joining one of these Courses in any foreign Dental institution, shall, on or after the date of notification of these Regulations in official gazette, apply the Council for issue of an Eligibility Certificate for that purpose;
(2) The request for issue of Eligibility Certificate shall be made by the candidate in the proforma prescribed by the Council from time to time and shall be accompanied by the attested photocopies of following documents :-

(1) A non-refundable fee of Rs.1000/- by Demand Draft in favour of Secretary, Dental Council of India, New Delhi;

(2) Copy of 10th passing certificate (for date of birth)

(3) Copy of 10+2 passing certificate

(4) Copy of 10+2 mark sheet

(5) A certificate as a proof of date of birth, if it is not recorded in the certificate of the qualifying examination.

(6) Copy of primary Dental qualification, If admission is sought for PG Diploma/PG Degree Courses.

(7) Copy of internship certificate (if done abroad)

(8) Any other relevant documents/information/ particulars as the prescribed authority may consider necessary

Note: (1) A candidate belonging to Scheduled Caste/Schedule Tribe/Other Backward Class shall produce a caste certificate issued by Competent Authority.

(2) Authenticated translated copies (in English/Hindi) of primary Dental qualification or of any other document, if the same is in language other than English/Hindi.

(3) The Council shall be free to investigate on its own about the correctness of information furnished by the candidate in his/her application and/or call for any other relevant information/document in this regard from the candidate and in the event of any information furnished by the candidate 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 he/she shall stand debarred from appearing in the screening test without any notice. The decision of the Council in this regard shall be final;

(4) The Council shall consider the application for the Eligibility Certificate and verify the following details as per the Regulations of the Council –
   (i) Whether the candidate fulfils the age criterion prescribed by the Council?
   (ii) Whether the candidate fulfils the eligibility criteria for admission to that Course in India as prescribed in the Council’s respective Course Regulations, as amended from time to time.

(5) The Dental Council of India shall evaluate the application of the candidate in terms of sub-regulation (4) of Regulations 16 of these Regulations, and after such evaluation, if the candidate is found to fulfil the eligibility criteria in conformity with respective Course Regulations, the Council shall issue an Eligibility Certificate in the format prescribed from time to time by the Dental Council of India, to the candidate certifying that he/she is eligible to join a dental institution outside India to obtain Primary or higher dental qualification, as the case may be. The certificate shall indicate that after obtaining that foreign dental qualification, the candidate shall have to undergo a screening test, subject to fulfilment of the conditions prescribed in these Regulations and that passing this test shall entitle him for registration or for any other specific purpose(s) specified by the Dental Council of India, from time to time.

(6) In case, the candidate does not fulfil any of the above criteria, the Council may reject his application for issue of Eligibility Certificate giving the reasons recorded in writing therefor. The issue of an eligibility certificate to a candidate shall not entitle him to any right, whatsoever, other than to take admission in UG/PG Diploma/MDS Courses in a foreign dental institution.
DECLARATION FORM

I ________________________________________________________________________________

S/o or D/o _______________________________________________ aged around _________ years

R/o ________________________________________________________________ having obtained

my Primary Dental Qualification (BDS or equivalent degree)

from_____________________________________________________________________________

and / or Higher Dental Qualification (MDS or equivalent degree)

from_____________________________________________________________________________

do declare and certify as under :

1. I am a citizen of India.

2. That I am aware that my appearance / success in Screening Test does not confer any right
   whatsoever for registration with State Dental Council.

3. I understand that my registration with State Dental Council is subject to fulfilment of the
   eligibility criteria laid by them.

4. I have read the information bulletin for INDIAN NATIONALS WITH FOREIGN DENTAL
   QUALIFICATIONS MARCH 2010 MARCH 2009 and hereby certify that I am eligible to appear
   in the said exam, I have not submitted any incorrect or false information to the prescribed
   authority/Dental Council of India for this purpose and I am aware that I shall be liable for
   action in the event of submission of any incorrect or false information.

5. Certified that I have filled the application form for Screening Test March 2010 in my own
   handwriting.

(Signature of Applicant)

Name ...........................................................................................................

Date :

Place :
# 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 MARCH 2010**

To be filled by Indian nationals 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/recognisation of foreign dental qualification.

**FOR OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>ID Number</th>
<th>Roll Number</th>
</tr>
</thead>
</table>

**Application Form No.**

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

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**

   - DD
   - MM
   - YYYY

7. **Favourite Option**

   - BDS
   - PG Diploma
   - MDS

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

9. **Country / STD Code**

10. **Telephone No./Mobile No.**

11. **Nationality**

    - By Birth/By Domicile

    - Passport No.

    - Date of Birth

    - Date up to which valid

    - Place of Issue

12. **Details of passport(s)**

    - Previous Passport No.

    - FIR No. in respect of lost passport

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

    - English
    - Physics
    - Chemistry
    - Biology

14. **Have you been granted Provisional Registration by any State Dental Council:**

    - Yes
    - No

15. **Date of Examination passed:**

    - DD
    - MM
    - YYYY

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

   - *Form Fee Rs. 1000/-*
   - DD/Pay Order No.
   - Amount

*(For downloaded form only)*

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:

<table>
<thead>
<tr>
<th>Subjects</th>
<th>Maximum marks</th>
<th>Marks Obtained</th>
<th>%age</th>
<th>Board Name &amp; Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) English</td>
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<tr>
<td>ii) Physics</td>
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<tr>
<td>iii) Chemistry</td>
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<tr>
<td>iv) Biology</td>
<td></td>
<td></td>
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<tr>
<td>v) Additional subject, if any,</td>
<td></td>
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<tr>
<td>GRAND TOTAL</td>
<td></td>
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</table>

Name of the Institution with Address:


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


21. Details of B.Sc. or Equivalent Qualification

<table>
<thead>
<tr>
<th>Examination Passed</th>
<th>Name of the Institution</th>
<th>University</th>
<th>Passing Year</th>
<th>Subjects</th>
<th>Percentage of marks</th>
<th>Marks Obtain</th>
</tr>
</thead>
</table>

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


23. Details of BDS or Equivalent Qualification

<table>
<thead>
<tr>
<th>Year</th>
<th>Name of the Institution</th>
<th>University</th>
<th>Passing Year</th>
<th>Subjects</th>
<th>Percentage of marks</th>
<th>Marks Obtain</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Year</td>
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<td>2nd Year</td>
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<td>3rd Year</td>
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<td>4th Year</td>
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</table>
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.

25. Details of PG Diploma or Equivalent Qualification

<table>
<thead>
<tr>
<th>Year</th>
<th>Name of the Institution</th>
<th>University</th>
<th>Passing Year</th>
<th>Subjects</th>
<th>Percentage of marks</th>
<th>Marks Obtain</th>
</tr>
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<tbody>
<tr>
<td>1st Year</td>
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<td>2nd Year</td>
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</table>

26. Specialization ____________________________

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.

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Name of the Institution</th>
<th>University</th>
<th>Passing Year</th>
<th>Subjects</th>
<th>Percentage of marks</th>
<th>Marks Obtain</th>
</tr>
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<tbody>
<tr>
<td>1st Year</td>
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</tbody>
</table>

29. Specialization ____________________________
<table>
<thead>
<tr>
<th>Registration No. (with city &amp; country)</th>
<th>Address of the Registering Authority</th>
<th>Valid from</th>
<th>Valid upto</th>
</tr>
</thead>
</table>

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

31. Whether Internship has been done in the foreign country: □ Yes □ No
   a) Duration ______________________ b) Rotatory/Otherwise ______________________
   c) Periods when internship done from _______ To _______
      | D | D | M | M | Y | Y | Y | Y | Y |
      | D | D | M | M | Y | Y | Y | Y | Y |
   d) Place(s) where done

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

I hereby declare & certify that:
   a) I am an Indian Citizen,
   b) Particulars given in this application form are true and accurate to the best of my knowledge and belief.
   c) The documents submitted as evidence of above facts are original / attested photocopy of original documents.
   d) I understand that in case any of the facts 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.
   e) I am under the obligation to furnish any other relevant information relating to Screening Test as asked by the Council from time to time.
   f) 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: ________________