

Inspection Report of State Dental Council.
**APPLICATION FORM FOR REGISTRATION OF DENTAL
LABORATORY**

(Enclose photocopies of all requisite documents)

1. Name of the Lab :

2. Name of the Dental Surgeon/
Dental Mechanic :

3. State Dental Council Regn. No. as Dentist/
Dental Mechanic :

4. Qualification:-
Year of passing B.D.S (if applicable) :

Year of Passing M.D. (if applicable) :

Year of passing of Dental Mechanic course in case of Mechanics :

5. Residential Address :

6. Address of the Lab :

7. Owned/Rented (enclosed Rented Deed if rented) :

8. Telephone Nos:

- a). Residential _____ b) Clinic _____ c) Mobile

9. Working Hours :

10. Description of Lab :

11. Main Operatory :

12. List of Equipments :

13. List of Instruments :

14. List of materials :

15. Auxiliary staff with name :

16. Pollution Certificate if applicable :

17. Registration Certificate of State Labour Department if applicable.

DECLARATION

The information given by me in this form and enclosures is true and correct to the best of my knowledge and I have not concealed or misrepresented any facts. In the event of anything found false I undertake that I shall be personally responsible for the consequences whatsoever.

Signature of the Applicant