FORM FOR RENEWAL OF REGISTRATION (To be filled in by the Applicant)

1. Name of the Doctor & _____

	Registration No.	
2.	Father's Name	
3.	Registration / Renewal Valid Up to	
4 .	Qualifications (Name of College/Univ. with year of passing B.D.S/ M.D.S	
5.	(ii) Permanent Address (iii) Correspondence Address with Tel.No. & E-Mail	
6.	(iii) Professional Address Name & Full address of two	1
	eminent Persons, who personally know the Applicant and to whom a reference can be Made, (One should be a Dental Surgeon, Registered with Punjab Dental Council, Write his Registration No.	2
7.	Reasons for not getting renewal	
	Up-date in time (wherever applicable)	
Da	ated:	Signature of the applicant

Note:

- The applicant will come personally for renewal of his/her registration along with original Registration Certificate or an attested photocopy of the registration Certificate and one P.P size photo duly attested.
- 2. In case he / she cannot come personally, he/ she will submit his/ her Form and photo for renewal, duly attested by any Member of the Public Dental Council, with renewal fee, by post or through someone.
- The Dentists applying from foreign countries will get their renewal Form attested from the Notary of that country (below their signatures), alongwith one P.P size photo duly attested.