



J & K STATE DENTAL COUNCIL,



C/O PRINCIPAL OFFICE,
INDIRA GANDHI GOVT. DENTAL COLLEGE ,
REHARI CHUNGI , SARWAL ROAD JAMMU TAWI, 180005.

PHONE NO. 09419181075,09419143373 FAX: 0191-2565588

EMAIL: JKSDC@REDIFFMAIL.COM.

NOTIFICATION

In pursuance of Notification: SRO 360, dated: 8th of October 2015 issued by the Health and Medical Education Department, Government of Jammu & Kashmir, application on prescribed format (Annexure –A) are invited from eligible persons for registrations as Dental Hygienists & Dental Mechanics in the respective State Register(s) of Dental Hygienist & Dental Mechanics in terms of Section 36 of the Dentist Act 1948, read with Rule 49-A of Jammu & Kashmir State Dental Council Rules 2004, on the following terms and Conditions:-

1. The applicant must be a permanent resident of Jammu and Kashmir State.
Non State Subjects are not eligible to apply.
2. The applicant candidate must be fulfilling all eligibility conditions/parameters as laid down in the Dentists Act 1948, & Jammu & Kashmir State Dental Council Rules 2004, for registration as Dental Hygienist/Dental Mechanics.
3. The application from dully filled in by the candidate in his/her own hand, accompanied by
 - a. Affidavit as per the format prescribed by the Council. (Attested by first Class Judicial Magistrate).
 - b. Diploma issued by the College /University recognised by the Dental Council of India.
 - c. Marks card.
 - d. Date of birth certificate Issued by concerned Board.
 - e. 10+2 Marks Certificate.
 - f. State Subject Certificate.
 - g. Fees 210/- (**Non Refundable**) to be paid in shape of bank draft, in favour of The Registrar J&K Sate Dental Council, R.C.C Jammu.
 - h. Experience Certificate (for persons seeking registration on livelihood).
 - i. Three passport size photographs attested on backside.
 - j. Aadhaar Card or Any Valid Proof of Residence.
 - k. If the applicant is registered with any other Council, the applicant should submit the NOC issued by the Dental Council of India and respective state.

The application dully filled must reach to the below mentioned address through Registered Post/Speed post / personally (within Two Weeks from the Date of publication of the notification.

Registrar J&K State Dental Council
C/O PRINCIPAL OFFICE,
INDIRA GANDHI GOVT. DENTAL COLLEGE, REHARI CHUNGI, SARWAL ROAD JAMMU TAWI,
180005.

4. The last date fixed for receipt of application will be treated as cutoff date for submission of application forms for the person seeking registration on the basis of livelihood and thereafter no application shall be entertained.
5. Only those Application(s) will be entertained for the registration who fulfils the required eligibility laid down in terms of Dentist Act, 1948 (Section 36) read with Jammu & Kashmir State Dental council Rules (49 A).
6. Application (s) without supporting documents/fee shall be summarily rejected with no further correspondence with the applicant.

(ANNEXURE -A)

FORM OF APPLICATION FOR REGISTRATION AS DENTAL HYGENIST / DENTAL MECHANIC

THE REGISTRAR

J&K STATE DENTAL COUNCIL,

I REQUEST THAT MY NAME MAY BE REGISTERED UNDER THE DENTIST ACT ,
1948 IN THE REGISTER OF DENTALHYGENISTS / DENTAL MECHANICS AND THAT
I MAY BE FURNISHED WITH CERTIFICATE OF REGISTRATION.

Space for
Photograph

1. NAME (IN BLOCK LETTERS) _____

2. FATHER'S NAME _____

3. PLACE, DATE, MONTH & YEAR OF BIRTH _____

4. NATIONALITY _____

5. FULL POSTAL RESIDENTIAL ADDRESS _____

CELL NO. _____ EMAIL ID _____

6. FULL POSTAL PROFESSIONAL ADDRESS _____

7. THE CERTIFIED TRUE COPY OF THE DIPLOMA/ CERTIFICATE, WHICH I POSSESS, IS ENCLOSED.

8. IN THE EVENT OF MY REGISTRATION AND IN CONSIDERATION THEREOF I PROMISE/UNDERTAKE
TO BE BOUND BY THE RULE AND REGULATIONS FRAMED OR TO BE FRAMED HEREAFTER FROM TIME
TO TIME.

9. I UNDERTAKE TO SURRENDER MY REGISTRATION CERTIFICATE ON DEMAND OR ON REMOVAL OF
MY NAME FROM THE REGISTER OR ON FALLING TO GET MY REGISTRATION CERTIFICATE
RENEWED.

10. I UNDERSTAND THAT THIS REGISTRATION GIVES ME NO RIGHT TO OPEN CLINIC OR PRACTICE
INDEPENDENTLY.

11. (TO BE ANSWERED BY THOSE WHO DONOT POSSESS A RECOGNIZED QUALIFICATION).

DETAILS OF MY TRAINING AS DENTAL HYGIENIST/DENTAL MECHANIC ARE AS UNDER:

DATE	PLACE OF TRAINING	NAME OF TRAINING AUTHORITY	PERIOD OF TRAINING

(SUCH CANDIDATES ARE ALSO REQUIRED TO ATTACH CERTIFICATE AS PER ANNEXURE-B)

12. IF ANY SCHOOL OF DENTAL HYGIENIST/ DENTAL MECHANIC WAS ATTENDED AND LEFT BEFORE ACQUIRING A DIPLOMA, GIVE DATES OF JOINING AND LEAVING THE SAME AND REASONS FOR DOING SO _____

13. IF THE PRACTICE OF DENTAL HYGIENIST/DENTAL MECHANIC WAS CARRIED ON ALONG WITH REGISTERED DENTIST, STATE HIS NAME AND ADDRESS _____

Specimen of Signature

Your's faithfully,

(ANNEXURE-B)
CERTIFICATE

Affidavit as per the format prescribed below to be attested by First Class Judicial Magistrate.

(TO BE SUPPLIED ONLY BY THOSE WHO DON'T POSSESS A RECOGNISED QUALIFICATION)

I HEREBY CERTIFY THAT SHRI.(NAME IN FULL) _____

S/O; D/O _____ R/O _____

HAS BEEN WORKING UNDER MY SUPERVISION AS DENTAL HYGIENIST/DENTAL MECHANIC
AS DEFINED IN THE DENTIST ACT, 1948, J&K STATE DENTAL COUNCIL RULES, 2004, CLINICAL
ESTABLISHMENT RULES AT (PLACE) _____ FROM _____ TO
(date) _____.

Signature of the Dentist.

Dated _____

NAME _____

REGISTRATION NO. _____

REGISTRATION NUMBER OF THE CLINIC _____

DATE OF FIRST REGISTRATION OF THE CLINIC _____

COUNTERSIGNED BY

DY.DIRECTOR DENTISTRY, KASHMIR/JAMMU

DOCUMENTS TO BE ATTACHED WITH THE APPLICATION FORM

- 1. Affidavit as per the format prescribed by the Council. (Attested by first Class Judicial Magistrate).**
- 2. Diploma issued by the College /University recognised by the Dental Council of India.**
- 3. Marks card.**
- 4. Date of birth certificate Issued by concerned Board.**
- 5. 10+2 Marks Certificate.**
- 6. State Subject Certificate.**
- 7. Fees 210/ to be Paid online on Official Website (www.jksdc.in)**
- 8. Experience Certificate (for persons seeking registration on livelihood).**
- 9. Three passport size photographs attested on backside.**
- 10. Aadhaar Card or Any Valid Proof of Residence.**
- 11. If the applicant is registered with any other Council, the applicant should submit the NOC issued by the Dental Council of India and respective state.**

AFFIDAVIT

(By First Class Judicial Magistrate)

I, _____ S/O, D/O _____ R/O _____ do hereby solemnly and declare on oath as under:

1. That after having been admitted in ___(name of the college)_____ in the year _____ under Registration No. _____ have completed DM/DH Course on _____ through _____ College /University.
2. That I seek registration with J&K State Dental Council on provisional degree certificate & shall submit the original degree certificate to the council within a period of 6 months from the date of issuance of my registration certificate.

Or (In case the candidate possesses the final diploma)

That I seek registration with J&K State Dental Council on final degree certificate.

3. That if by way of inquiry/verification it is established that I was not eligible for registration with J&K State Dental Council , I undertake that I shall have no claim for registration and the council shall be at liberty to cancel my registration without any notice. Further I undertake that I shall surrender the original registration certificate in that event and shall forfeit all legal rights to approach any court of law of the state/ country.
4. That after completion of diploma, I have not registered myself with any state dental council so far and if turns out to be false, I shall be liable to the plenty as per the state dental council rules.
5. IN THE EVENT OF MY REGISTRATION AND IN CONSIDERATION THEREOF I PROMISE / UNDERTAKE TO BE BOUND BY THE RULE AND REGULATIONS FRAMED OR TO BE FRAMED HEREAFTER FROM TIME TO TIME.

6. I UNDERTAKE TO SURRENDER MY REGISTRATION CERTIFICATE ON DEMAND OR ON REMOVAL OF MY NAME FROM THE REGISTER OR ON FALLING TO GET MY REGISTRATION CERTIFICATE RENEWED.
7. I UNDERSTAND THAT THIS REGISTRATION GIVES ME NO RIGHT TO OPEN CLINIC OR [PRACTICE INDEPENDENTLY.

Deponent

Sd/-

**Dr. Romesh Singh
President
J&KSDC**