INSTRUCTIONS FOR NEW APPLICANTS

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TS State Dental Council

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Select relevant category from the drop down menu, enter all the required details and upload photocopies (<u>attested by a</u> <u>gazetted officer</u>) of all necessary documents.			
Registration Category *		Full Name (as per BDS Provisional degree) *	
Select		Full Name	
Select Provisional Registration		Father's Name (as per 10th Std. Certificate) *	
Bachelor of Dental Surgery (BDS) Master of Dental Surgery (MDS) Transfer BDS (BDS registrant - from other state dental councils in India) Transfer BDS + New MDS Transfer MDS (MDS registrant - from other state dental councils in India)		Father Name	
		Netionality *	
		Select ~	
Email *		Mobile Number *	
Email		Mobile Number	
Allowed JPG, GIF or DG. Max siz	ze of 2MB	Full Name (as per BDS Provisional degree) *	
Bachelor of Dental Surgery (BDS)			
Bucholor of Bental Surgery (BBS)			
Gender *		Father's Name (as per 10th Std. Certificate) *	
Male		XXXXXX XXXXXX	
Place, date & year of birth *		Nationality *	
XXXXXXXX	01/01/2001	Natural born Indian Citizen	•
Email *		Mobile Number *	
XXXXXXXX@gmail.com		9xxxxxxxx	
Residential address with pin code *			
XXXXXXXXXX, XXXXXXXX, XXXXXXX, XXXXXXX	XXX - 500095. TS.		
Professional address (for Clinicians) *			//
XXXXXXX, XXXXXXX, XXXXXXX - 500	095. TS.		
Description of Qualification/s for which r	registration is desired (Applicant has to d	escribe His/Her Qualification/s)*	
BACHELOR OF DENTAL SURGERY / MAST	ER OF DENTAL SURGERY (ENTER RELEVANT D	DEGREE)	

Name & address of the University (BDS) *

NAME OF THE UNIVERSITY, CITY

Month & year of attaining the Qualification (BDS) *

06/2001

Provisional/Permanet Degree Certificate/s (BDS) *

Choose File No file chosen

Internship Certificate *

Choose File No file chosen

SSC Marks Memo *

Choose File No file chosen

Name & Address of College/Institution from which applicant graduated (BDS) *

NAME OF THE COLLEGE, CITY

College Bonafide Certificate/s (BDS) *

Choose File No file chosen

Affidavit (Applicable when not registered for more than a year after completion of Internship)

Choose File No file chosen

College Custodian (Applicable when the original education certificates are in the custody of the Principal of the Institute/College)

Choose File No file chosen

Aadhaar Card No. *	Upload Aadhaar Card *
XXXX1234XXXX	Choose File No file chosen
Upload Signature*	Registration Type *
Choose File No file chosen	Select
Fee	Select Regular (By Post - Fee includes postal charges) Tatkal (By Hand)
Save & Proceed	Select a category for receiving the certificate
	beleet a category for receiving the certificate.
n "Save & Proceed" and proceed to the	
r ayment page.	
Home / Summary Summary	
Full Name XXXXX XXXXXXX	Gender Male
Father's Name	Place, date & year of birth
XXXXXX XXXXXX	xxxxxxxx,01/01/2001
Nationality Natural born Indian Citizen	Residential address with pin code xxxxxxxxxxx, xxxxxxxxx, xxxxxxxxx - 500095. TS.
Description of Qualification/s BACHELOR OF DENTAL SURGERY / MASTER OF DENTAL SURGE	RY (ENTER RELEVANT DEGREE) India
Month & year of attaining the Qualification/s NAME OF THE UNIVERSITY, CITY	Institution/s from which applicant graduated NAME OF THE COLLEGE, CITY
Email ID	Mobile No.
XXXXXXXXXX@gmail.com	9xxxxxxx
Aadhar Card No XXXX1234XXXX	Category Bachelor of Dental Surgery (BDS)
Fee	
	Pay Now Pay Now Pay Now Pay Now" tab. You will be redirected to the payment page.
	Paying to Telangana State Dental
	Council Purpose of Payment
	Dentist Registration@Dentist
	> Convenience fee
	Total
	Choose suitable payment option and make the payment.
	Upon successful payment a confirmation e-mail will be sent
	scan and pay to your e-mail ID.

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All new applicants (Provisional/Temporary Registration / New Permanent Registration / Transfer BDS / Transfer MDS) should visit the Council's office according to appointment slot and get their original education certificates verified.

All new registrants should sign in the Telangana State Dental Council's Dentist Register, on the day of appointment, without fail.