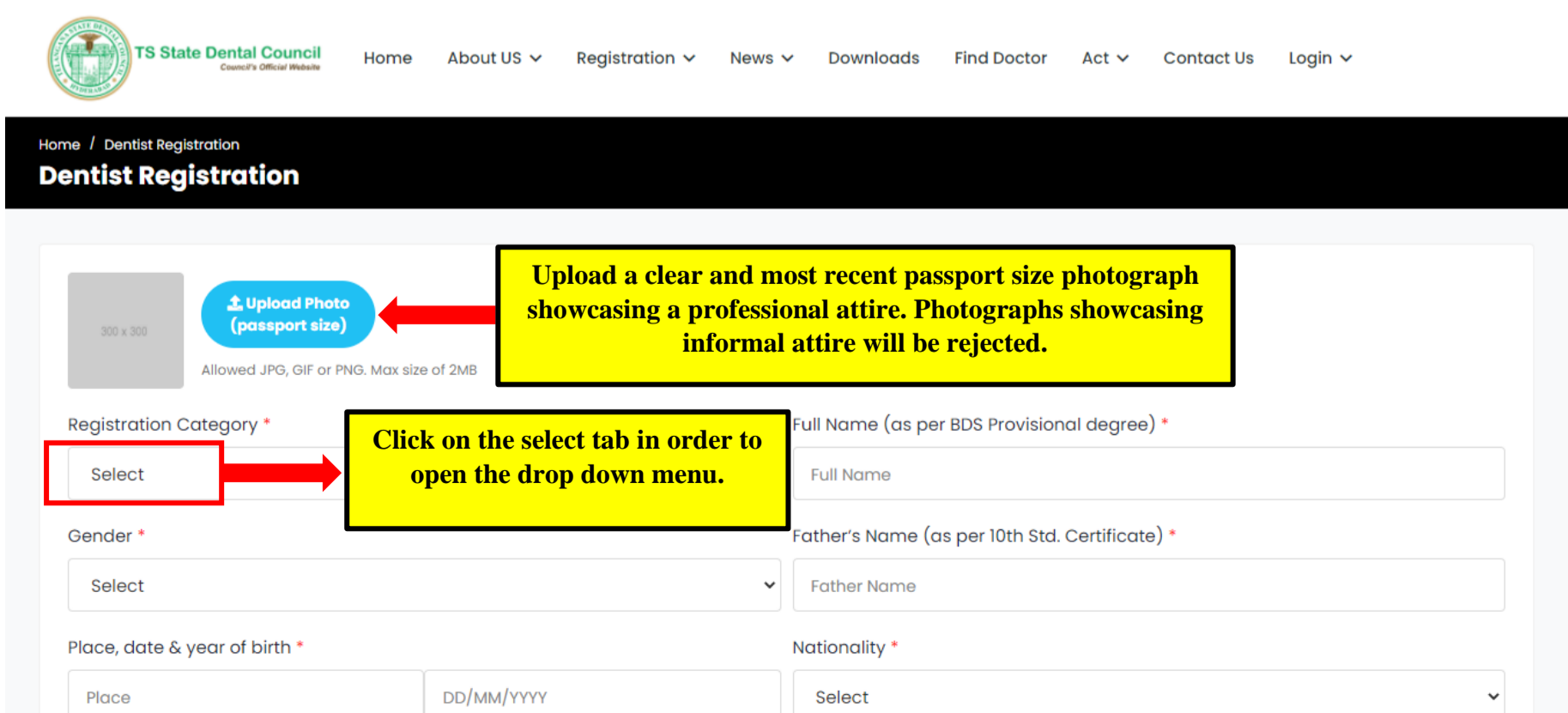
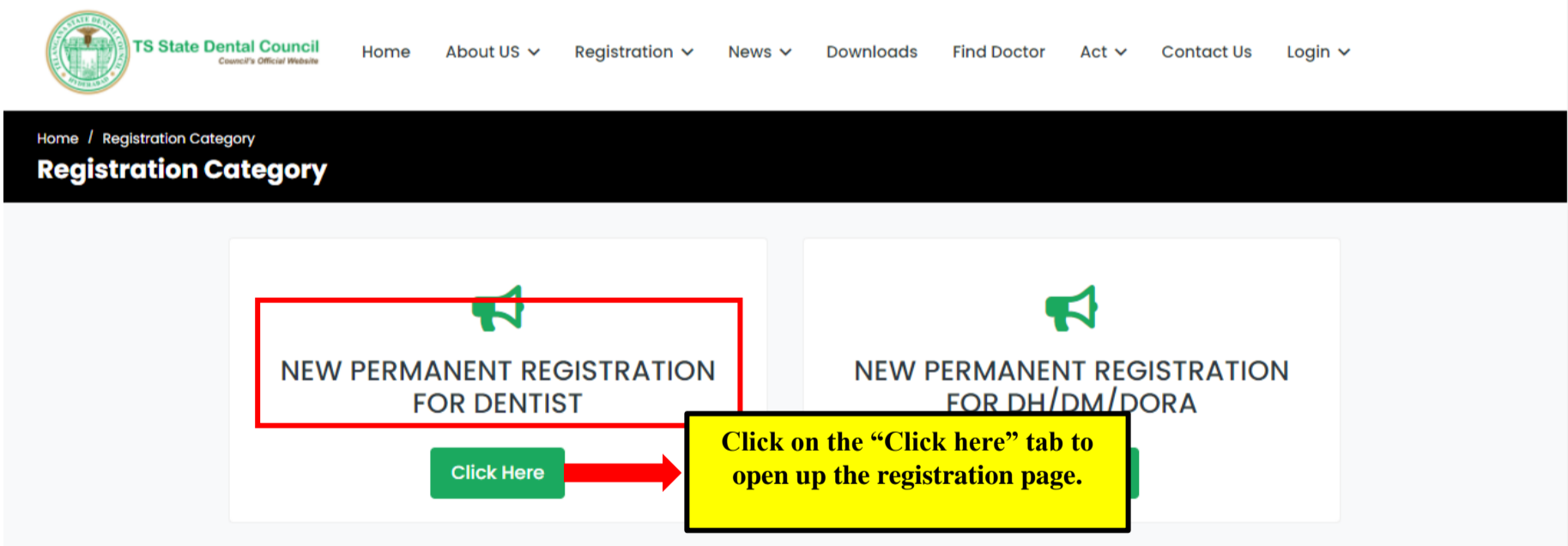
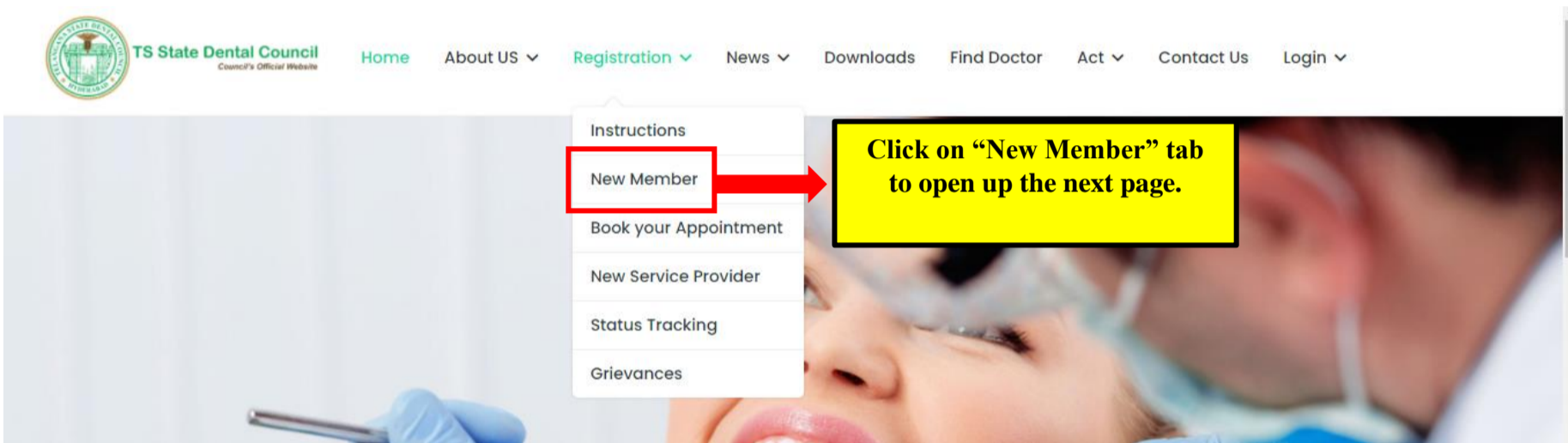
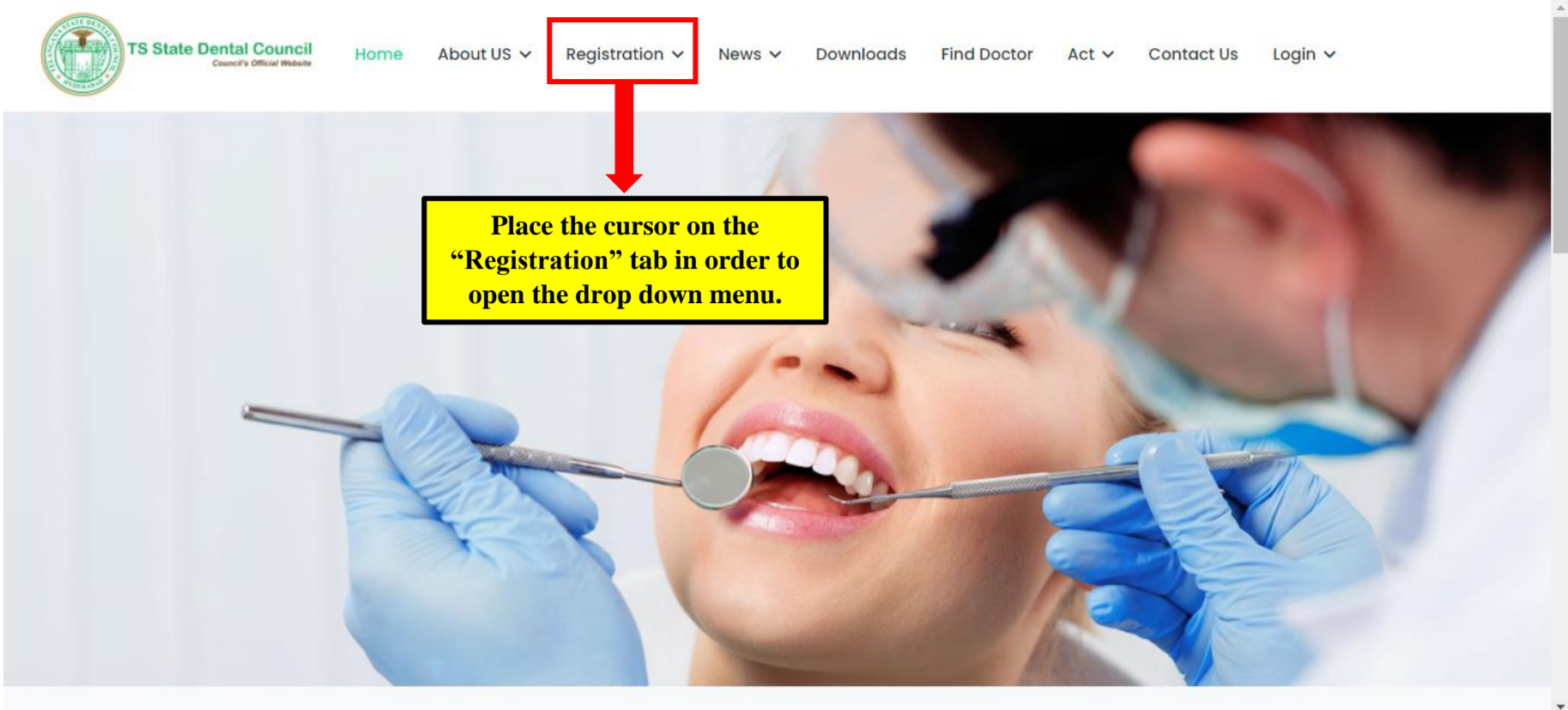


# INSTRUCTIONS FOR PROVISIONAL / TEMPORARY REGISTRATION

Visit the link: <http://telanganastatedentalcouncil.in>



Select relevant category from the drop down menu, enter all the required details and upload photocopies (attested by principal) of all necessary documents.

Registration Category \*  
Select  
Provisional Registration  
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)

Full Name (as per BDS Provisional degree) \*  
Full Name

Father's Name (as per 10th Std. Certificate) \*  
Father Name

Nationality \*  
Select

Email \*  
Email

Mobile Number \*  
Mobile Number

Residential address with pin code \*  
Residential address with pin code

Provisional BDS Certificate (PR) \*  
Choose File No file chosen

Upload College Bonafide Certificate (PR) \*  
Choose File No file chosen

SSC Marks Memo \*  
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. \*  
XXXX1234XXXX

Upload Aadhaar Card \*  
Choose File No file chosen

Upload Signature\*  
Choose File No file chosen

Registration Type \*  
Select  
Regular (By Post - Fee includes postal charges)  
Tatkal (By Hand)

Fee

**Save & Proceed**

Click on "Save & Proceed" and proceed to the Payment page.

Select a category for receiving the certificate.

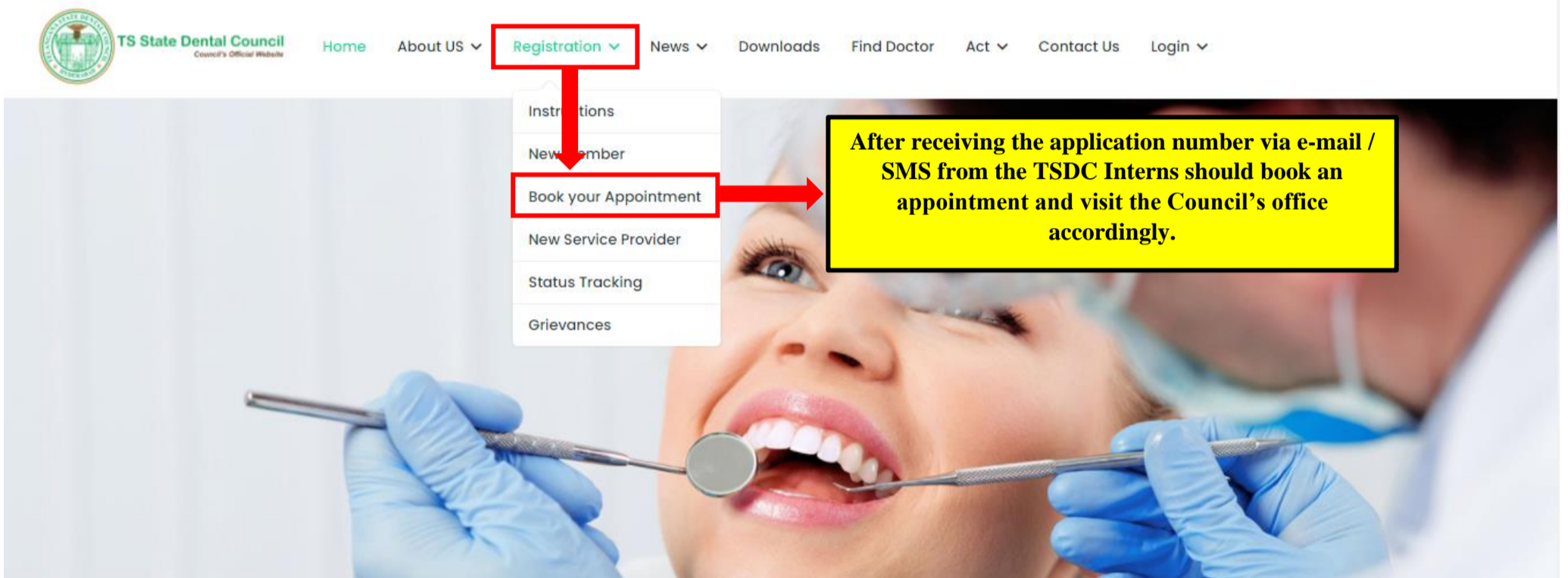
Home / Summary

### Summary

Full Name XXXXX XXXXXXXX	Gender Male
Father's Name XXXXXX XXXXXX	Place, date & year of birth XXXXXXXX,01/01/2001
Nationality Natural born Indian Citizen	Residential address with pin code XXXXXXXXXXXX, XXXXXXXXXXXX, XXXXXXXXXXXX - 500095. TS.
Description of Qualification/s BACHELOR OF DENTAL SURGERY / MASTER OF DENTAL SURGERY (ENTER RELEVANT DEGREE)	Name & address of the Authority / University 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 XXXXXXXXXX@gmail.com	Mobile No. 9xxxxxxx
Aadhar Card No XXXX1234XXXX	Category Bachelor of Dental Surgery (BDS)
Fee INR [REDACTED]	

**Pay Now**

Review the entered details for and click on "Pay Now" tab. You will be redirected to the payment page.



**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.**