## **INSTRUCTIONS FOR EXISTING DENTISTS OF TSDC**

Visit the link: http://telanganastatedentalcouncil.in



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documents.	tration Category *		Full Name (as per BDS Provisional degree) *		
Martic of Dental Surgery (MDS)	Master of Dental Surgery (MDS)	~	Full Name		
🚑 My pfile	Gender *		Father's Name (as per 10th Std. Certificate) *		
Se Edit Profile	Male	~	Father Name		
	Place, date & year of birth *		Nationality *		
	Place	DD/MM/YYYY	Natural born Indian Citizen	~	
Mobile Number					
Residential address with pin code					
Professional address (for Clinicians) *					
Professional address (for Clinicians)					
Description of Qualification/s for which registration is desired (Applicant has to describe His/Her Qualification/s)*					
Description of Qualification/s for which registration is desired					
Name & address of the University (BDS) *					

Month & year of attaining the Qualification (BDS) \*

Name & Address of College/Institution from which applicant

MM/YYYY	
Provisional/Permanet Degree Certificate/s (BDS) *	College Bonafide Certificate/s (BDS) *
Choose File No file chosen	Choose File No file chosen
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Internship Certificate *	
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Month & year of attaining the Qualification (MDS) *	Name & Address of College/Institution from which applicant passed (MDS) *	
MM/YYYY		
Provisional/Permanet Degree Certificate/s (MDS) *	College Bonafide Certificate/s (MDS) *	
Choose File No file chosen	Choose File No file chosen	
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SSC Marks Memo *	Upload (Currently Holding) TSDC Registration Certificate *	
Choose File No file chosen	Choose File No file chosen	
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Aadhaar Card No. *	Upload Aadhaar Card *	
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